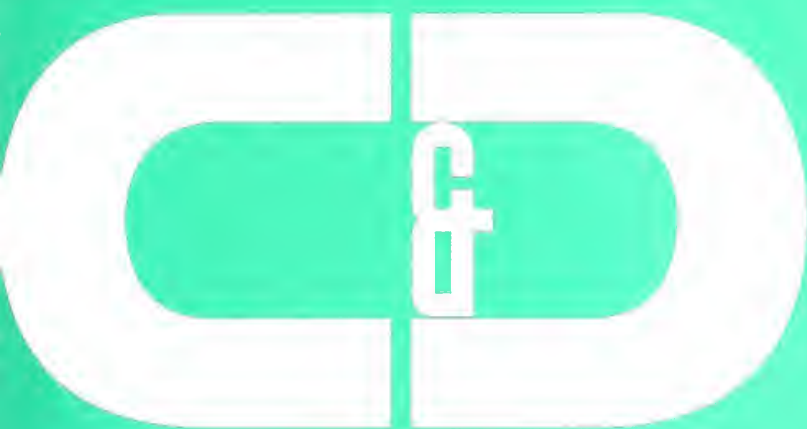




8 March 2003

**Help your
customers
stamp out
cigarettes**



nicorette[®]
nicotine

NICORETTE GUM ABBREVIATED PRODUCT INFORMATION: Intended to help smokers who want to give up smoking but who experience difficulty in doing so owing to their dependence on nicotine. Legal Category: GSL. Product Licence Holder: Pharmacia Limited. Date of Preparation: November 2002. Further information is available from Pharmacia Limited, Davy Avenue, Milton Keynes, MK5 8PH, UK. Tel. 01908 661 101.

**Welsh health
minister to
oppose OFT**

**Lammy: new
contract here
by April 2004**

**CoMedis launch
allows online
transfer orders**

**The case for
extending NRT
indications**



While your customers are so are their cravings



Abbreviated Prescribing Information. Nicorette Patch.

Presentation: Transdermal delivery system available in 3 sizes (30, 20 and 10cm²) releasing 15mg, 10mg and 5mg of nicotine respectively over 16 hours. **Indications:** Nicotine dependence and symptom relief in smoking cessation. **Dosage & Administration:** Nicorette patches should not be used concurrently with other nicotine products and patients must stop smoking completely when starting the treatment. The recommended treatment programme should occupy 3 months. One Nicorette patch should be applied to a dry, non-hairy area of the skin on the hip, upper arm or chest in the morning and removed at

bedtime. Application should be limited to 16 hours within any 24-hour period. Patients are recommended to commence with one 15 mg patch daily for the first 8 weeks. Patients who have remained abstinent should then be supported through a weaning programme consisting of one 10mg patch daily for 2 weeks followed by one 5mg patch daily for further two weeks. Patients should be reviewed at 3 months and if abstinence has been achieved, further courses of treatment may be recommended if it is considered the patient would benefit. Not for use by persons under 18 except under advice from a doctor. **Precautions:** Peptic ulcer, angina pectoris, recent myocardial infarction, see

e asleep,
ngs.

That's why
Nicorette Patch
is specifically
designed
to be taken off
at bedtime.

Nicorette Patch is specifically designed to be taken off at bedtime, so the body gets a break. It's a discreet, easy-to-use, once-a-day dose available in three strengths so your customers can

nicorette
15mg patch
step 1

gradually reduce their nicotine intake. The new Nicorette



Patch TV campaign featuring the benefit of "the patch you take off at night" starts soon.

So give your customers Nicorette Patch and help them beat cigarettes one at a time.

You're twice as likely to succeed* with
nicorette[®]
patch

cardiac arrhythmias, systemic hypertension, peripheral vascular disease, diabetes, hyperthyroidism, pheochromocytoma, recent cerebrovascular accident, generalised dermatological disorders. **Contra-indications:** Pregnancy & Lactation. If a patient cannot give up smoking without NRT then a risk/benefit assessment should be made. Non-smokers, known hypersensitivity to nicotine or component of the patch. **Warnings:** Rarely dependence. Erythema may occur. If severe or persistent, discontinue treatment. **Adverse Effects:** Application site reactions (e.g. erythema and itching), headache, nausea, dizziness, palpitations, dyspepsia and myalgia. **Pharmaceutical Precautions:**

Do not store above 30°C. **Legal Category:** GSL. **Package Quantities & Cost:** (all trade prices correct at time of printing). Cartons containing Nicorette patches in single sachets in the following quantities: Nicorette Patch 15mg (PL00032/0294) – packs of 7 (£9.07); Nicorette Patch 10mg (PL00032/0293) – packs of 7 (£9.07); Nicorette Patch 5mg (PL00032/0292) – packs of 7 (£9.07). **PL Holder:** Pharmacia Limited, Davy Avenue, Milton Keynes, MK5 8PH, UK. Tel: 01908 661101. **Date of Preparation:** October 2002.

*Compared to will power alone

P8593/10/02

**PRESCRIBING
INFORMATION**

E45 Cream is a white smooth emollient cream containing white soft paraffin 14.5% w/w, light liquid paraffin 12.6% w/w and hypoallergenic anhydrous lanolin 1.0% w/w. Uses: For the symptomatic relief of dry skin conditions where the use of an emollient is indicated such as flaking, chapped skin, ichthyosis, traumatic dermatitis, sunburn, the dry stage of eczema and certain dry cases of psoriasis. Dosage and administration: Adults, children and elderly. Apply to the affected part two or three times daily.

Contra-indications

E45 Cream should not be used by patients who are sensitive to any of the ingredients.

Undesirable effects

Occasionally hypersensitivity reactions; otherwise adverse effects are unlikely, but should they occur, may take the form of an allergic rash. Should this occur, use of the product should be discontinued. Packaging quantities: 50g tube, 125g and 500g tube. Basic NHS cost: 50p, £1.18, 125g £2.39, 500g £5.61. Legal category: GSL. Product licence number: PL 0327/590. Product licence holder: Crookes Healthcare Ltd, Nottingham NG2 3AN. Date of preparation: November 2000. Reference: 1. Recommended volumes, Counterpoint. 2. MfS Sup-01. 2. Skincare usage and Awareness Study, Taylor Nelson. 3. 26 September 2000. 4. Prescription guidelines: IMS MDI, March 2000. 5. 02-17.

12 E45

E45 can make eczema management more simple. Not only is E45 the preferred cream for dry skin and eczema among pharmacists and pharmacy assistants,¹ but patients² and doctors³ agree with you too. **It's the No.1 dry skin brand.**





Editor
Patrick Grace, MRPharmS

Assistant Editor
Charles Gladwin, MRPharmS

Clinical Editor
Vanessa Sherwood, MRPharmS

Contributing Editor
Adrienne de Mont, FRPharmS

Marketing Editor
Sarah Thackray

Reporter
Gary Paragpuri, MRPharmS

Production Editor
Fay Jones, BA

Group Production Sub Editor
Richard Coombs

Editorial secretary
Jan Powell
Editorial (tel): 01732 377487,
(fax): 01732 367065,
chemdrug@cmpinformation.com

Price List
Colin Simpson (Controller),
Darren Larkin, Maria Locke
Price List (tel): 01732 377407
(fax): 01732 377559

Group Sales Manager
Quentin Soldan

Sales Manager
Mark Walley

Classified Executive
Debra Thackeray

Advertisement secretary
Elaine Steele
Advertising (tel): 01732 377621,
(fax): 01732 377179

Pharmacy Projects
Mary Prebble
01732 377269

Production
Katrina Avery

Publishing Director
Fergus Wilson

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Wales comes out against OFT

Welsh health minister Jane Hutt has come out against the Office of Fair Trading proposal to end restrictions on the opening of community pharmacies.

She said after the annual Wales Labour Party conference in Swansea last week: "We are very concerned about the proposals; next week we will issue a comment on it. We have already heard that community pharmacists are very worried."

An Assembly spokesperson said the official UK governmental health stance is to be decided at a meeting between all four territorial health ministers next week.

Ms Hutt had earlier been challenged from the conference rostrum by Parvaiz Ali, a consultant at Singleton Hospital in Swansea who is married to a pharmacist, that the OFT's recommendation would lead to major closures of existing pharmacies in rural and poorer urban districts.



Jane Hutt: concern about proposals

Mr Ali said: "The Welsh Assembly should be following a separate Welsh agenda rather than waiting for a lead from England. We should follow our own path."

It was pointed out at the conference that maintenance of the viability of local communities lies at the heart of many Assembly policies.

Ms Hutt's stance has toughened considerably since the OFT gave a presentation to the Assembly's health committee. Geraint Davies,

a pharmacist member of that committee and Plaid Cymru Assembly Member for Rhondda, said: "At the time, Jane just sat and listened. But members' feelings were so strong that the chair passed them formally to her in writing, although she was a member of the committee."

Location of pharmacies is usually considered a devolved matter. But there is confusion as to how far the issue should be pushed. A senior Welsh politician said it might be inadvisable for Cardiff to take a radically different stance to England, for fear that such action might backfire, with the Welsh secondary powers in this area disappearing when legislation is updated.

And a senior Welsh pharmacist said that if the primary Act restricting access to an NHS pharmacy contract is abolished, the secondary legislation controlled by Wales would automatically disappear as well.

Milburn says NHS needs pharmacists

Alan Milburn, secretary of state for health, described primary care as "the jewel in the crown of Britain's NHS" at the National Association of Primary Care's conference this week.

He said that "better use of pharmacists' skills" was one way to help deliver shorter waiting times in hospitals. "This cannot simply be delivered by more activity in hospitals. It requires more primary care."

Health Committee hearing

The Commons Health Select Committee is to hold a one-day hearing on the OFT at the beginning of April, within the 90-day consultation period. Political commentators see this as a significant event as it will allow the evidence to be discussed in a public forum.

Benign prostatic hyperplasia tutorial

How clued up are you on managing incontinence? This week on p27 *C&D* carries the first of three tutorials supported by SCA Hygiene looking at its causes in both men and women, treatment and the importance of lifestyle management.

Each tutorial is accredited by the College of Pharmacy Practice to provide one hour's continuing education. Pharmacists and staff who send their details to *C&D* and complete all three tutorials will be sent a certificate to support their learning in this topic.

For more information:

www.dotpharmacy.com

E-mail: mprebble@cmpinforation.com

Tel: 01732 377269.

6,000 pharmacies may close

More than one pharmacy per day will close if the OFT's proposal to abolish control of entry regulations is accepted, an independent think tank has warned.

The New Economics Foundation, which previously examined the decline of local post offices, grocers and banks, said: "If the existing 12,250 community pharmacies were to follow the trend of the other local services investigated... an average decline

of about 4 per cent a year would mean a loss of more than one pharmacy per day."

This will result in "health facility deserts" in deprived areas, which arguably have the most need for pharmaceutical services, concludes the report.

In addition, research commissioned by Lloydspharmacy in January 2003 is cited. This shows that there are 6,624 pharmacies facing a "potential

threat" because they are located within the catchment area of two or more supermarkets, and as a result, as many as 145 pharmacies could be lost in an urban area such as Birmingham.

This is in contrast with OFT modelling, which predicts 900 new pharmacies in larger supermarkets and a further 2,127 in medium sized stores, says the report.

For more information:

www.neweconomics.org

New contract can tackle control of entry

Concerns over the current control of entry regulations should be considered in parallel with discussions on a new contract, the NPA has said in its response to the OFT report.

"Control of entry, along with the generics inquiry and, to a lesser extent, pharmacy workforce arrangements, are fundamental

issues affecting the new contract and remuneration."

Consequently, decisions on the effectiveness or need for control, should not be taken in isolation, as implementing the OFT's "stark and radical" recommendation could put at "serious risk" the current pharmacy network and frustrate Government healthcare

planning, says the NPA.

Addressing the OFT's competition concerns, the NPA, said: "We are trying to test alternative models of pharmacy service, and thus are introducing new areas of competition, through local pharmaceutical services."

For more information:

www.npa.co.uk

Campaign delivers

A high profile campaign in Northern Ireland to counter the threat of contract deregulation as proposed by the OIT is delivering results.

One pharmacy in the province has generated 2,000 letters of support which have been sent to the secretary of state for Northern Ireland, Paul Murphy, the health minister, Des Brown, and Ian Pearson, the minister at the Department of Enterprise, Trade & Investment.

The campaign is being run jointly by the Ulster Chemists' Association and the Pharmaceutical Contractors' Committee. Information packs have been sent to all 511 pharmacies in the province.

A separate mailing has gone to all 148 MLAs and 100 other stakeholders at the DHSS, the four health boards and 18 trusts.

For more information:

www.pccni.org.uk

Tel: 028 9032 0787.

White Paper welcomed

The Royal Pharmaceutical Society in Scotland has welcomed the Scottish Executive's latest White Paper on health. Launched last week, *Partnership for Care* calls for a wider range of health services to be delivered locally in communities, the abolition of NHS trusts to devolve authority to frontline staff and a new Scottish Health Council to involve the public in NHS Scotland.

The RPSiS has identified the following five areas in the paper that will impact on pharmacists:

- pharmacies will be promoted as walk-in centres that offer health advice and services;
- NHS Scotland's Workforce Development Action Plan will plan future pharmacist numbers;
- pharmacists' roles will be widened to include diagnostic testing and extended prescribing;
- the new contract for community pharmacists will focus on health improvement, management of chronic disease and minor illness;
- community pharmacy IT systems will be linked to other NHS practitioners.

For more information:

www.scotland.gov.uk



To raise funds for next Friday's Red Nose Day, Wella has organised a charity auction of celebrities' hair. *Big Brother* fans should recognise Helen "I like blinking" Adams, who is holding samples of her own hair and that of Dolly the "recently deceased" sheep. There is hair from Elvis "the King" Presley, Gareth Gates, Angus Deayton, Carol Smillie and Gary Lineker. Anyone wanting to purchase a piece of cloned wool can make a bid on www.wella.co.uk. The site will remain open until March 9

Lammy commits to April 2004 for new contract

Health minister David Lammy has committed the Department of Health to negotiating a new contract with community pharmacists in England and Wales by April 2004.

"I shall be looking to devise, agree and implement the detail of a new contract as soon as we can. My hope is that April 2004 will deliver new horizons," he told LPC representatives, health service managers and politicians at the PSNC dinner on Monday.

Earlier he had been urged by PSNC chairman Barry Andrews to set an implementation date. PSNC has complained that progress has been stalled since the middle of last year, a point disputed by Mr Lammy.

Agreement has already been reached on the broad framework, he claimed, and the NHS Confederation has been brought into discussions.

The structure of a new deal will be informed by the new GP contract, he indicated, and "quality will drive greater rewards".

A new group – part of the Modernisation Agency – will be set up to support the spread of good practice including minor illness management and self-care education programmes by pharmacists.

Mr Lammy gave a strong hint that he remains committed to the DoH's pharmacy strategy despite the potential for disruption should the OIT recommendation to scrap control of entry be accepted by the Government.

"I hope I have made clear my intention to shape community pharmacy policy so that its contribution to supporting patients and a modern NHS is maintained and enhanced. I see no reason why we should be deflected from that goal," he said.

He promised to look at PSNC proposals that PCTs should be given enhanced powers to develop local pharmacy services.

The minister said he wanted to consider the OIT report in the context of health policy objectives of improving access and driving up quality while protecting services for the vulnerable and needy. MPs have been deluged with letter supporting community pharmacy, he added.

Mr Lammy indicated local pharmaceutical services are likely to feature within a new contract.

The DoH is looking for pharmacists to take a bigger role in medicines management in any new contract, the potential new GP contract and in local initiatives funded by PCTs. He confirmed that £9.1m will be made available next year to support better use of medicines and development of the pharmacy strategy.

PSNC calls for 'third way' on control of entry

PSNC has called on health minister David Lammy to bring together the NHS Confederation, representing primary care trusts, pharmacy and patient groups, and Department of Health officials to address problems with the current control of entry regulations.

Complete deregulation, as proposed by the OFT, would be a disaster, according to PSNC's chairman Barry Andrews.

"We should not turn our back on the OFT report," he said. "We share common objectives and we should concentrate on how to achieve them – on finding better ways than the instability and uncertainty an unregulated market solution would deliver."

Speaking at PSNC's 21st annual dinner in London on Monday, Mr Andrews voiced

support for the recommendation by the All-Party Pharmacy Group in its report last week (*C&D* March 1, p4).

"The key stakeholders should begin work on finding improvements and changes to the current arrangements – changes that will improve access even further, encourage rather than stifle service development and deliver more choice and more competition in the context of a planned service," he said.

He singled out the procedures for applications and appeals as areas that could be improved.

He urged PCTs not to ignore what pharmacists can do to help meet local health needs and cited the success of Scottish pilots involving the treatment of minor ailments,

which will soon go national.

In England there has been less work done, but he pointed out: "In one scheme in one PCT over 1,000 people per month are consulting their pharmacist who would otherwise probably have gone to their GP. If just one quarter of patients who currently consult a GP about a minor ailment, instead consulted a pharmacist the NHS could save £380 million a year."

Medication review services could also be introduced quickly and deliver results fast. "We're ready to start... all we need is the green light," he told the health minister, David Lammy.

Repeat dispensing is "such a simple idea, but one that can improve efficiency in primary care no end", said Mr Andrews.



Martyn Ward: not convinced OFT report will lead to total deregulation

WHOLESALE

Contractors warned to stay strong

Contractors should assess their businesses as a matter of urgency to ensure that they remain in a strong position no matter what the consequences of the OFT report into control of entry.

UniChem's sales and marketing director, Martyn Ward, told over 100 pharmacists at a meeting last Wednesday evening that although he expected the OFT report to lead to some change, he was "not convinced" it would result in total deregulation.

However, contractors must ensure that they are in as a "strong a position as possible" to hold onto their customers, he warned pharmacists at the meeting at UniChem's Letchworth depot.

Pharmacists should review their retail standards, product range, price competitiveness and training. In addition, a risk/opportunity assessment of the local location should be undertaken, suggested Mr Ward.

As for the report itself, Mr Ward questioned the need for the creation of a further 1,000 pharmacies. He said that there was already a "desirable level" in terms of the number of pharmacies, and that even these had trouble finding pharmacists.

"We've already got situations where, whatever figure you take, 15 per cent [or] 20 per cent of pharmacies, at any time are either closed for the day or on a temporary basis because they have not got a pharmacist on site," he said.

He urged pharmacists to continue to lobby their MPs and the DoH. He suggested that pharmacists should encourage local charities to write on behalf of pharmacy, as they are "big political nightmares for MPs".

New packaging guidance issued

The pharmaceutical industry has welcomed new guidance on labelling and packaging medicines that also takes into account suggestions made by pharmacy organisations.

The Medicines Control Agency's *Best Practice Guidance*, published on Monday, aims to help health professionals and patients select the correct

medicine and use it safely, thereby reducing medication errors.

The document sets out factors to be considered when designing medicines labelling. These include layout, size of text and colours used. But although 15 different pieces of information are legally required on a label, users need rapid access to only five pieces of critical information – the

medicine's name, strength, route of administration, dose and warnings. These should be brought together on the pack for ease of access, in as large a font as possible and not separated by non-critical information.

Where practicable, packs should include a blank white space for the dispensing label.

Questiontime

in association with



UniChem

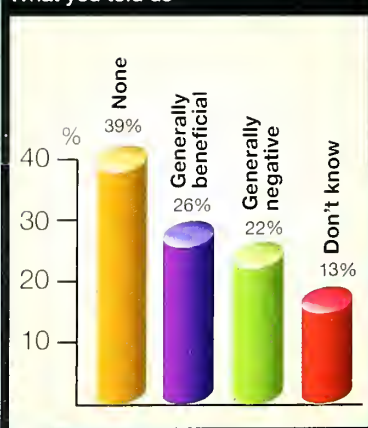
Last week we asked you: "What impact do you think the proposed new GPs' contract will have on the extended roles in pharmacy?" You replied (see right):

This week's question: How will pharmacies' stock management be affected by the launch of CoMedis offering online transfer ordering?

- No difference
- Overstocking will occur
- Stock control will be improved
- Don't know

You can record your vote on our website: www.dotpharmacy.com. You have until noon on March 11 to cast your vote. We will publish the results in *C&D*, March 15.

What you told us





CROOKES
HEALTHCARE

Prescribing Information

Balneum is an oily liquid for external use containing soya oil 84.75% w/w. **Uses:** For the treatment of dry skin conditions such as eczema and dermatitis. **Dosage and administration:** Adults: For full bath (~100L) 20ml = 1 measure. For partial bath (~5L) 2.5ml = 1/8 measure. For child's bath (~25L) 5ml = 1/4 measure. For very dry skin, 2-3 times the above quantities can be used. Add to bath water. Generally,

2-3 baths should be taken weekly. For babies and infants a daily bath is recommended. **Contra-indications, warnings etc:** Contra-indicated in patients hypersensitive to any of the ingredients. Take care not to slip. Avoid contact with eyes; if this occurs rinse immediately with water.

Undesirable effects: None known. **Package quantities:** 200ml, 500ml and 1 litre bottles. **Basic NHS cost:** 200ml £2.79, 500ml £6.05, 1 litre £10.68. **Legal category:** GSL.

Product licence numbers: PL 003276409. **Product licence holder:** Crookes Healthcare Ltd, Nottingham, NG2 3AA. **Date of preparation:** February 2003. **CHCSK02-153c**



It's important
to have the right food

Balneum is a range of emollients that uses soya oil, which contains unsaturated fatty acids similar to those found in

normal healthy skin but often missing from dry skin. So by giving your patients Balneum,

Balneum[®]
soya oil

you're making sure their skin gets just the sort of food it needs. **Giving dry skin the food it needs**



CoMedis promises online information and transfer orders

An online service that will allow pharmacists to place transfer orders electronically and provide manufacturers with a communications tool, has been launched.

CoMedis.com has been set up so that pharmacists can create a 'shopping list' of OTC products they would normally order via a sales rep, and have them delivered promptly by a wholesaler.

Pharmacy businesses will have 24-hour access to real-time information about stock availability, prices and promotions and can place an order at their convenience. Delivery will be made by the wholesaler of their choice, without affecting any existing business arrangements between suppliers or wholesalers.

The basis for *CoMedis.com* has been *Starpharms.com* which will now provide the system support. The Proprietary Association of Great Britain has brought OTC manufacturers together and will act as a stakeholder. Five manufacturers – Crookes, Pfizer, Johnson & Johnson, MSD, Roche and Novartis – came together to initiate the non-fee generating site and SSL, Schering Plough and Sankyo have already signed up since then.

Although PAGB will help



PAGB director Sheila Kelly, front right, with CoMedis colleagues celebrating the launch of the new service

oversee the site, no manufacturer will be excluded and may have their OTC products listed on payment of a fee dependent on SKU listing.

The NPA has also given its support to the site and pharmacists can log on via the NPAnet.

PAGB director Sheila Kelly said at last week's launch that she sees the site principally as a marketing tool. The online transfer ordering system was the draw for pharmacists to access the site. Manufacturers are allocated 50MB of space for information, including marketing material,

highlighting offers, or providing training and educational material.

Crookes sales director Simon Colebeck believes the site will allow manufacturers to reach all pharmacies – currently, he says it is only profitable for his sales reps to visit about 2,500 pharmacies – and gives a manufacturer instant access to sales data.

However, "the major advantage for us is the communication angle," he said. "We can build a virtual relationship to place orders and to build best practice."

As the site develops he anticipates it will be possible to "micro-market" products and

promotions to individual accounts.

Although no wholesalers were represented at the launch, J&J, MSD's David Mitchell said that the manufacturers and PAGB were working closely with the British Association of Pharmaceutical Wholesalers. Wholesalers had also been involved from the outset.

Starpharms' chairman Kirit Patel believes CoMedis will create no losers, which is why it was receiving cross-industry support.

Crookes' managing director Christopher Henwood said that CoMedis will allow pharmacists to manage their time more effectively and place orders when it was more convenient.

For example, pharmacy staff could build up the shopping basket for the pharmacist to audit prior to ordering. As the information is up-to-date it will allow cross-comparison.

Broadband access was also gaining in popularity and would allow manufacturers to send commercials down the line for pharmacists to preview, for example, as well as allowing pharmacists to give feedback.

For more information:
www.CoMedis.com

RETAILING

Yorkline shopfitter goes into receivership

NPA-approved shopfitter Yorkline has gone into receivership. However, NPA members should be protected through its deposit holding scheme.

Trefor Williams, NPA head of business support, said he was sorry to see the company had gone into voluntary liquidation as the

NPA had worked with Yorkline for many years. He understood that there was a commitment to fulfil any work outstanding and with the deposit holding scheme holding money back until work was completed, he anticipated there would be few difficulties for NPA members.

ONLINE

NPA offers broadband

The NPA has launched its Secure Broadband internet service.

Available to users of NPAnet at work, office or home and powered by BT, the service costs £27.99 per month (excluding VAT) (also see p32).

For more information:
E-mail: admin@npa.net

LEGAL

Ruling says its fine to copy boxes

Parallel importers can copy the originators' packaging, a High Court judge has ruled.

Mr Justice Laddie said that parallel traders can copy the originator's overseas and UK boxes. If plain ones are used, these need not be black and white – he ruled that a liveried Dowelhurst re-boxed 'Ventolin' with blue and white colouration did not infringe the originator's trademark.

Calling the decision "fantastic news", the British Association of the European Pharmaceutical Distributors said this provides the patient with the best packaging – one that is almost identical to the originator's.

WASTE

BAMA issues guide to waste aerosols

The British Aerosol Manufacturers' Association has issued guidance on the disposal of aerosols by retailers.

'The Retail Disposal of Full or Part Full Aerosols' states that:

- damaged aerosols that are not leaking should be returned to the filler for examination or disposed of through a waste management company.
- leaking aerosols should be dealt

with on-site; they should be placed in a well-ventilated area until they have stopped leaking. Do not send aerosols by post.

For more information:
www.bama.co.uk

NEW

Kodak High Definition



As seen on the box.

A massive £4.5m TV spend backs Kodak's launch of the High Definition range of 35mm film, APS film and Single-Use Cameras.

Now your customers can have exceptional detail in their pictures to make their memories come alive.

Eye-catching promotional merchandisers and themed Point-of-Sale materials are available to create maximum impact in store.



Share Moments. Share Life.™

www.kodak.co.uk

Kodak and Share Moments. Share Life are trade marks.

To place your order, contact your Sales Development Manager or call Debbie Sear on 01442 844196.
In the Republic of Ireland contact Speko Customer Services on 1850 776563 (call Save).
From Northern Ireland Freephone 0800 3899 246.
For more information or to order merchandisers contact Chemist Broker's on 02392 222500.

Coming Events

MARCH 10

Nottingham Branch, RPSGB

Clinical governance, American style, by Jo Attewell, community pharmacy clinical governance lead, at the School of Pharmacy, University of Nottingham, 7.30 for 8pm.

Slough Branch, RPSGB

Skin cancers, at the John Lister Postgraduate Centre, Wexham Park Hospital, Slough, 7.15 for 8pm.

MARCH 11

Moray & Banff Branch and Northern Scottish Branch, RPSGB

Marshall Davies – president of the RPSGB, at the Ramnee Hotel, Forres, 7.30pm.

NICPPET

Evidence-based management of upper gastrointestinal disease, at the Lodge Hotel, Coleraine, 7.30 for 8pm.

NICPPET

Evidence-based management of upper gastrointestinal disease, at the Killyhevlin Hotel, Enniskillen, 7.30 for 8pm.

MARCH 12

NICPPET

Specialist medicines: the Red/Amber list, at the Fitzwilliam International Hotel, Antrim, 10am.

MARCH 13

NICPPET

Evidence-based management of upper gastrointestinal disease, at the NICPPET Resource Centre, Belfast, 7.30pm.

MARCH 14

NICPPET

Standard Operating Procedures, at the NICPPET Resource Centre, School of Pharmacy, Belfast, 10am.

New dispensary data system just a click away

Preston-based NDC Health will launch the UK's first internet-based dispensary data warehouse system at the beginning of May, pending a successful end to problem-solving tests in two pharmacy groups.

NDC's Information Manager is a data warehouse system aimed at independent or multiple companies comprising more than one pharmacy. Reporting within 24 hours of the evening data upload, the system allows users to view different levels of dispensary data, from a stock value figure for the overall business, down to product-specific information from

a particular branch. On sign-up the system also automatically uploads two years' worth of backdated data (see p48).

Subscriptions to the service range between £37.50 per pharmacy per month to £51.67 depending on the contract signed. NDC is seeking, however, to set up data resale deals that would enable provision free of charge.

The company also said the system could be extended to cover front-of-shop information from an EPoS system, depending on levels of customer demand.

According to marketing manager Steve Marriott: "Without leaving

your desk, Information Manager shows you exactly what is happening in all your pharmacies. Any size organisation can use consolidated company-wide data to reduce costs, improve margins and increase prescription numbers." Other developments from NDC include:

- new, electronic, downloadable copies of manufacturers' PILs on its Informedic system
- an interface on the ARX Rowa Speedcase dispensing robot
- price reductions on its Retail Manager EPoS systems.

For more information:

E-mail: Sales@ndchealth.co.uk

NCC splits top role



John Makepeace, far left, becomes general manager at NCC, while Neil Slater is its new superintendent pharmacist

National Co-operative Chemists is to split the roles of general manager and superintendent pharmacist, following the retirement of current chief executive Roy Carrington at the end of April.

John Makepeace, a pharmacist and formerly head of retail operations for Woolworth subsidiary Big W, is to take over as general manager, while Neil Slater becomes the new superintendent

pharmacist. Mr Makepeace is also a former director of Walmart's pharmacy division in Canada, while Mr Slater is currently a member of NCC's management team and sits on a number of RPSGB committees.

According to the company, the decision to split the roles allows it more flexibility and greater ability to concentrate on general business and pharmacy as two separate businesses.

GSK appeal over US Paxil ruling

GlaxoSmithKline has vowed to appeal against a recent US ruling allowing a generic version of its patented Paxil drug.

A federal judge ruled that GSK's US patent for the hemihydrate form of its anti-depressant Paxil (paroxetine hydrochloride) is valid, but not infringed by the product marketed by TorPharm Pharmaceuticals, a wholly-owned subsidiary of Apotex. The patent runs until 2006.

The Illinois District Court judge ruled that although it is likely there is some hemihydrate in the Apotex product, GSK had not shown this to be present in sufficient amounts to infringe the patent under his interpretation.

The hemihydrate patent is only one element of the current legal action between GSK and Apotex, which is seeking to market an anhydrate form of paroxetine hydrochloride. GSK is still pursuing infringement claims over other patents relating to Paxil against Apotex and other generic companies in other states.

The launch date of a generic version of Paxil remains unclear given the pending trials and appeals. GSK said that once a generic launch is imminent, it will reassess its recent 2003 forecasts.

For more information:

www.gsk.com

Chemist Brokers seeks Gloystarne buyer

Talks are still continuing to find a buyer for Chemist and Food Brokers' warehousing and distribution partner, Gloystarne.

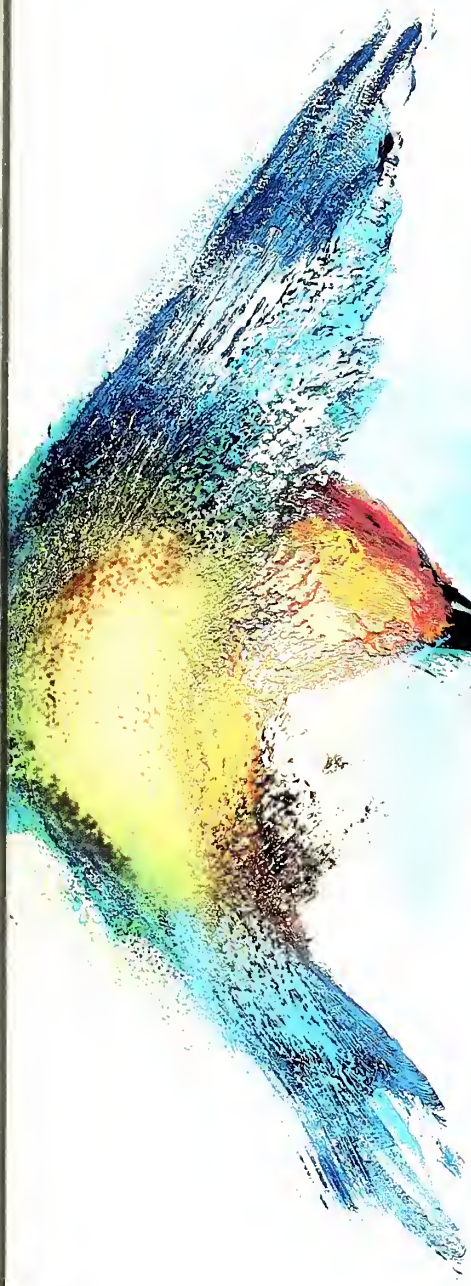
Administrators Ernst & Young were appointed to run the £25-million, Rotherham-based business in mid February after intense competition, price pressure from customers and rising labour costs forced the

company to call in Ernst & Young's corporate restructuring team. Gloystarne is reported to have received £7.8m in debt and equity from 3i between 1994 and 1995 to fund the £10m buy-out from private vendors and an acquisition.

Gloystarne, which handles product for, among others, Food Brokers and Chemist Brokers on

an out-sourced basis, operates across the UK and employs 440 people. Now in its third decade as a warehousing specialist, the company is being run as a going concern until a buyer is found.

Duncan Knight, operations director at Food Brokers, said his firm has "expressed support to continue with [Gloystarne] while it finds a purchaser".



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Comment

from the Editor

Following the OFT recommendation to deregulate pharmacy opening, the pressure on the Government to recognise community pharmacists as healthcare professionals rather than retailers is mounting. But as Lord Fowler, the Numark chairman and a former health minister himself explains, now is not the time to let up – not with a report this week predicting up to 6,000 pharmacies could close (*see p6*).

There are strong indications that the four national health departments will express serious reservations about the OFT's recommendation (Wales has said as much – *see p6*), but whether their views will be strong enough to sway the DTI and the Treasury around the Cabinet table is far from certain. If you have not written to your MP and copied the letter to Patricia Hewitt (or the relevant minister), do it now!

Strange as it may seem, given the contretemps the OFT has precipitated, community pharmacists share its desire to see innovation, better access, more choice and more services. It is the OFT's 'all or nothing' solution which is the problem – simply because it will not deliver what patients, the NHS and the OFT actually want. It is up to the pharmacy sector, then,

to come up with a solution that will. This is why PSNC's very public proposal at its dinner in front of numerous MPs on Monday is so important (*see p8*). Let's not throw out control of entry. Let's tackle the problem areas – the procedures for applications and appeals. Let's ensure that PCTs have the powers and autonomy they need to give patients proper access and the type of services they want. Let's find a way to give the OFT what it is seeking, but without the instability and uncertainty an unregulated market solution would deliver. But PSNC needs to give the DoH something strong enough to go back to the Government with. There's the rub.

Strange as it may seem, given the contretemps the OFT has precipitated, community pharmacists share its desire to see innovation, better access, more choice and services

Your views

Alan Castell, vice-chairman of NEL LPC, wonders what standing pharmacy really has

Did someone mention pharmacy?

At North East London LPC's conference on February 9 we were privileged to have Dr David Colin-Thorne, the NHS National Director of Primary care as a guest.

He was impressed by the work of the LPC but was very critical of our professional leaders for their failure to address the agenda and priorities of the new NHS. He was adamant that ministers needed to hear from a strong leadership and would not address local issues. The relevance of his remarks has been brutally brought home to me by reading the announcement of the NHS funding plans for healthcare learning and development by health minister John Hutton. The total budget is to rise by 36 per cent to reach £4.16 billion by 2005/06. There will be a 50 per cent rise in funding to support training for nurses, allied health

professionals and healthcare scientists, to the tune of £1.993bn per annum.

Bearing in mind the future needs of pharmacists in respect of our 'enhanced roles' and the suggested roles for pharmacy technicians, I searched for our mention in these plans but we were not there. There was no mention of pharmacy in the entire document and that means no funding for the 'extended roles' or for pharmacy technicians. It also means pharmacy is at best peripheral to their future plans.

In an article in the *NHS Journal of Healthcare Professionals* Alan Milburn writes four and a half pages on Health Equality and Public Health without once mentioning pharmacy. Worse, pharmacy is not mentioned once in the journal's entire 114 pages. But wait. What's this? The Royal Pharmaceutical Society decided,

on February 4, to develop a strategy for pharmacy's involvement in public health and PSNC is to work with the RPSGB to produce a resource pack for community pharmacy.

Gentlemen you are too late! The new GP contract has stitched up the money to do all those things missing from our proposed

contract. All we may expect from our new contract is a splitting of the global sum, but still with an emphasis on prescription numbers and gross turnover. Now what sector, I wonder, most favours the status quo. Who has stalled and obstructed debate on these issues? Who has refused to consider the future of the pharmacist as an independent professional? Who is the weakest link?

The only conclusion I can draw from this is that we are already extinct. So referring back to David Colin-Thorne's comments, why are we so disregarded at the national level? To what purpose are our efforts (apparently successful) to raise our status at the local level and educate our fellow providers of service as to our potential? When the cake is shared out we can, at best, hope for some crumbs to fall from the GP's table.



Alan Milburn: pharmacy not mentioned once

HOSPITAL REPORT

It's all different... but much the same

The launch of the Scottish Health White Paper, *Partnership For Care*, took place last week. There isn't much that is new: most of it is an extension of *Our National Health*. To be honest, this is a relief. The thought of the NHS in Scotland taking a totally different direction now is not a pleasant one.

What is interesting is that the direction Scotland is taking is almost the opposite of that in England. Forget Foundation Hospitals, forget Trusts. All NHS Boards will be asked for plans to move to a single health system, with no place for NHS Trusts.

Trusts will disappear at different times around the country. They have already gone in the Borders, Argyll & Clyde, and Dumfries & Galloway Board areas, but it will no doubt take longer in the larger Boards such as Lothian and Glasgow.

Trusts will disappear at different times around the country

How will Trust senior management be affected? Trust chief executives and Board chairmen will no doubt find other posts. But what about the next tier down? Finance, estates and procurement functions are likely to move to a more regional basis. Where will these staff be in a few years' time?

And the Trust chief pharmacists? They may be fine, as the White Paper places a stronger emphasis and importance on operational management, but most have a large strategic element to their jobs. Who will provide the pharmaceutical advice to the NHS Board? Will the chief pharmacists have to fight each other for the task?

The titles have changed, but the structures look remarkably similar to those of 15-20 years ago.

Written by a senior hospital pharmacist

TOPICAL REFLECTIONS

A ray of hope for supplementary prescribing

Just occasionally amidst all the gloom and doom that pervades community pharmacy comes an unexpected ray of hope. Three or four pilots, with the first in Essex, have just been announced for the supply of Xenical under a patient group direction as part of a community pharmacy-based weight management programme (*C&D March 1, p4*).

Community pharmacy is an ideal environment for encouraging weight loss because, although the health implications are immense, patients perceive the problem as social and are nervous of the clinical intimidation within surgery clinics.

The Essex pilot is also concerned with coronary heart disease and it is the relationship of obesity to an underlying disease state that is the exciting development. By monitoring both weight loss and decreasing disease risk factors, patients will be motivated to involve themselves in improving their own health.

This trial could be the tip of the iceberg that truly shows the alternative way forward for community pharmacy. Not only will a PGD be

involved, but as CHD monitoring evolves so also must the opportunities for supplementary prescribing. Obese patients are a high-risk group whose health problems are often complex and whose medication needs require careful monitoring, but if properly managed, greatly improved health gain can be achieved.

The first one or two visits patients make to a pharmacy must be dealt with by a pharmacist, but subsequent visits would probably be best left to properly trained staff. The health problems of the obese may be complex but they are also interrelated. Why stop at CHD? What about diabetes, asthma and dermatological problems?

If this trial is successful it truly opens the door to the transition of the community pharmacist into a clinically responsible consultant with prescribing responsibilities.

But supplementary prescribing training cannot be undertaken unless the opportunity to use that training is already in place. This Essex trial could provide just such an opportunity.

Hospital pharmacy – a service in crisis

My young niece has just changed her job. Nothing exceptional about that – except the reasons behind this change sum up many of the problems with the NHS. Lucinda (not her real name) has just left full-time employment as a 'B' grade hospital pharmacist to work in the community at a 50 per cent increase in salary and, as she ruefully told me, far less pressure. I thought this would be unlikely – after all, hospital pharmacy is a doddle!

But she said that the pressures on young pharmacists in her hospital are enormous. A nominal 39-hour week it may be, but in reality she is used as the pharmacy dogsbody, and then goes home where more work is done for no more pay. As she summed it up for me: two to three years for that all-important diploma, working all hours and with awesome responsibility. And at the end of it still less than £30,000 and with little immediate prospect of going a lot higher.

So she has left, but before she takes up her

full-time community position with its attached diploma facilities and good salary prospects she has taken a temporary locum position in a similar hospital to that which she has just left. The irony is that she is now paid double her previous hourly rate with much less pressure.

The hospital service has lost another dedicated pharmacist and Lucinda is not alone. Many of her friends who enthusiastically trained in hospital after leaving university are also now leaving, disillusioned with a system that is inflexible, over-demanding and unresponsive to the needs of their young careers.

A few months ago I was pleased for Lucinda at the promise of change in hospital pharmacy, but when it comes it may be too late for her. The warnings are there but apparently nobody is listening. A service that is prepared to pay a high price for temporary staff but not to retain and reward those who they desperately need to provide enthusiastic continuity is indeed a service in crisis.



It's time to step up the campaign against the OFT report, says Numark chairman, Lord Fowler

Time to increase the pressure

Although the deadline for formal submissions to the Department of Health has just passed, no one campaigning for the future of community pharmacy can afford to relax.

There is much, much more to do. Now is the time to ram home the message – particularly to MPs and ministers – that the OFT report puts at peril the nationwide network which above all is serving the public well.

Having attended some of the Numark meetings throughout the country – including one in Belfast attended by well over 100 pharmacists – I am in no doubt about the intense feeling that there is. But it's not each other we need to convince but the decision makers.

So what happens next? How will the Government process move on from here? And what can pharmacists and their supporters do to influence the outcome of the consultation and help ministers in a decision which will have a profound effect upon pharmacy for years to come?

All the submissions to the Department of Health will now be carefully studied by officials. A summary will be made of the arguments and comments that have been made. The Department quite rightly will want to judge

how strongly the profession feels on this issue. It will assess and count the representations, the letters and the petitions that have been received. There is certainly still time to be part of this process but speed is of the essence.

In deciding their stance ministers will be influenced by groups like the All-Party Group on Pharmacy and the Patients' Association who have come out against deregulation because, in their different ways, they represent the public. But they will also be influenced by the professionals on the ground. Remember that it was only two years ago that the Government published its own vision of pharmacy – which certainly did not envisage wholesale deregulation.

But ministers do not operate in a vacuum or approach issues like this in a dry academic way, responding only to official submissions. They will want to know what their colleagues in the House of Commons feel. They will want to know what their constituents feel and how local and regional newspapers, radio, and television see the issue.

It is not too late for letters or, best of all, face-to-face meetings with MPs. It is not too late for letters to the press or for radio or

television interviews. The wider we can deliver the message the better – for remember, the final decision will not be taken by the Health Department alone but by the whole Government.

The Office of Fair Trading reports to the Department of Trade and Industry and so the Treasury will have a major input. In the end it is likely that the decision will be made by a Cabinet committee representing all the government departments involved – including ministers from Scotland, Wales and Northern Ireland.

The lesson for us is that we must persuade ministers that not only will the OFT proposals harm the elderly and the poor in reducing their healthcare but also that the so-called 'savings' are highly speculative and will be outweighed by higher costs to the taxpayer. But above all we need to convince the decision makers that community pharmacy not only strengthens the NHS and relieves the load on GPs but is also the way to take best

care of some of those in most need.

There is no way that community pharmacy can match the resources that the supermarkets have devoted to lobbying for change. But when all is said and done, healthcare is not the major interest of the supermarkets – why else would they sell cigarettes? Nor do I accept the extraordinary claim made by one supermarket spokesman that they were in some way saving independent pharmacy from the clutches of the big retail chains.

Given a sensible operating system, I believe that there is a bright future for community pharmacy. I also believe that is what the public would want to see. We must make sure that our voice is heard.



We need to convince the decision makers that community pharmacy not only strengthens the NHS and relieves the load on GPs but is also the way to take best care of some of those in most need



LPCs angry over fee cuts

LPC representatives let PSNC know the strength of feeling over the cuts to the period of treatment fee or threshold fees.

Although PSNC has said recently it will press the Department of Health for a reinstatement from April, delegates chose to vote on the motions deploring the earlier cuts, as motions had been requested by the end of December.

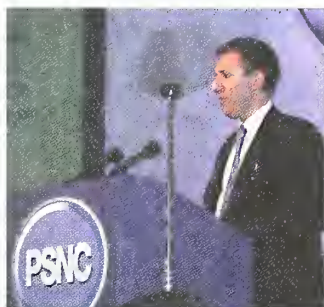
Hertfordshire and Bedfordshire LPCs' motion said: "This Conference laments the total absence of consultation and deplores the action of PSNC in accepting that the period of treatment fees should be suspended."

Proposer Graham Phillips was concerned that a cost impact assessment had not been carried out, nor that the LPCs had been consulted. "Why does PSNC do the dirty work for the Government?" he asked. "It's the LPCs that are the statutory body and the PSNC works for us, not the other way round."

Mrs Sharpe pointed out that PSNC had had a narrow vote to accept the DoH proposals, but stressed that the Committee had agreed to a suspension and not an abolition of the fee. "I clearly requested that the fee be reinstated from April 1 this year," she told the hall.

There was no opposition to the motion, so chairman Barry Andrews said that a vote was not necessary as PSNC would take the sentiment on board.

However, Mr Phillips urged a



Graham Phillips: "Why does PSNC do the dirty work for the Government?"

vote as it would strengthen PSNC's position in future discussions with the DoH.

Similarly, Berkshire LPC's motion urging PSNC to negotiate the immediate reinstatement of the threshold quantity fee was carried. Gary Jones said: "I think it would be important to vote on this to give PSNC a clear mandate to renegotiate."

Brent & Harrow LPC's motion deplored the withdrawal of the prescribed period of treatment fee, and "strongly" urged PSNC not to accept any extension of such a withdrawal beyond the timescale set out. Proposing the motion, Marion Garner said that withholding the fee was an "outrage".

"PSNC should not have agreed to disadvantage further those pharmacists who are punished for their doctors' bad prescribing habits," she said.

Sensing the mood of the meeting, Mr Andrews joked as the third motion of censure was

put to the vote: "Come on, let's get the spanking over," he said.

Wirral LPC's modified motion was successful and called on PSNC to negotiate a system of additional fees for the provision of monitored dosage systems. PSNC's Godfrey Horridge pointed out that many GPs are getting fed up with prescribing seven-day amounts and were now supporting the pharmacists' position by writing to the DoH on the issue.

Kensington, Chelsea & Westminster LPC were successful in requesting that PSNC undertake a consultation exercise with LPCs prior to negotiating a new contract, despite Mrs Sharpe saying that PSNC had agreed to full consultation and a referendum on the new contract with all contractors, rather than just LPCs.

PSNC was keen to hear delegates' views on how better use could be made of the conference for promoting pharmacy activities and services.

Northamptonshire LPC's motion saying "this conference approves the principle that a named pharmacist should be responsible for every registered pharmacy" was lost for not being explicit enough. Delegates were in general agreement with the sentiment, though, which sought an identifiable pharmacist being responsible for service provision.

This was a particular concern for LPS projects with the high level of pharmacies being run by locum pharmacists.



Gareth McCague: "Expose the lies"

Fighting talk from PSNC

The PSNC response to the OFT report, *Community Pharmacy Services - Integration not Deregulation*, was distributed to delegates at the LPC conference.

Gareth McCague, development officer for Leicester LPC, said the quality of PSNC's response was "excellent if predictable".

"I think it gives credibility to the OFT misinformation and the spin being promulgated by supermarket companies. We need to attack the Achilles heel of the OFT report: MPs will not support something which they believe is a misrepresentation of the truth and we are not clarifying the factual errors in the OFT report.

"We need to be clear on terminology and explain to the media or Parliament what control of entry means and play the spin game that is successfully being spun back against us.

"Expose the lies, the lies that are implied by the half-truths, otherwise we will be supporting a case for integration with deregulation," he said.

For more information:
www.psn.org.uk



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An 'interesting year' in the making

Sue Sharpe, chief executive of the PSNC, has promised community pharmacy contractors "an interesting year".

Speaking at the LPC conference on Monday, she said: "This time next year – we hope – we will be about to embark on a new contract with new funding systems and new pharmacy services."

PSNC's priorities for the coming year, outlined by chairman Barry Andrews, are a new contract, remuneration and the Office of Fair Trading report.

Progress on the new contract slowed to a halt last May, following a change of remit for minister Hazel Blears.

Discussion with GPs in the late summer had shown that they were very keen to reduce the time spent dealing with minor ailments but the DoH's response to these discussions had been "extremely cool, even chilly", according to Mrs Sharpe.

The DoH did not equate saving GPs' time with savings to the public purse. Mrs Sharpe described this as a "bizarre" concept.

"The Audit Commission had estimated savings to the public purse of £2.74 million for repeat dispensing. The truth was that those responsible for the medicines budget did not want to risk any small increase in that, irrespective of the gains to the



Sue Sharpe: 2.8 per cent LPC levy increase "below inflation"

NHS in better use of resources. This is the antithesis of a joined up DoH in a supposedly joined up Government!"

At the recent launch of the new GP contract, minister John Hutton spoke of the benefits for pharmacists resulting from the new contract. "GPs are now wanting to develop better use of pharmacies and delegate patient care to them," said Mrs Sharpe.

The NHS Confederation has become involved in the discussions about the new pharmacy contract. "They have the potential to become our advocates and allies in building ways in which the community pharmacy service can become an integral and even more important part of primary care service delivery."

Debate between local and national contracting will continue, said Mrs Sharpe. "The delegation of funds to local level exerts

pressures for local contracting but the certainty offered by national contract provision is important, particularly given the experience of on-off funding for locally agreed projects."

Justifying the 2.8 per cent LPC levy increase, Mrs Sharpe said: "This increase is below inflation. It is needed to support pay for the staff and to protect our ability to use consultants and expert assistance for the work we have to do in the new year."

From the work carried out on the generics issue, PSNC has learned that the authority of an acknowledged academic or consultant expert in a field has an impact that an argument from an organisation such as PSNC can never have.

Expert resources are already being used in a number of areas, particularly the OFT report and fair funding.

PSNC is determined to ensure that funding from generics purchasing is not removed from pharmacy until there is a common view of the cost of providing the service, and the income needed to deliver a fair return for it.

"Unrecovered discounts are essential to funding the service and no unilateral changes can be made to vital income streams," said Mrs Sharpe.

PSNC and the DoH are testing methods of establishing adequate levels of information about pharmacy purchase prices.

Consult us earlier, say delegates

PSNC promised to hold a referendum on the new pharmacy contract but delegates were keen to be consulted much earlier in the process.

Yogin Patel, of Kensington, Chelsea and Westminster L.P.C., and Graham Phillips of Hertfordshire LPC requested consultation on the contract while it is being developed.

"Please can we have some early consultation; not the kind of detail that has to be negotiated behind closed doors but we've really been given nothing so far," he said.

Chairman Barry Andrews said he thought they were "knocking on an open door". "A new contract is vital but negotiations will be complex. PSNC will make every effort to make sure that consultation takes place," he said.

Mrs Sharpe said consultation may be separate for different parts of the contract. "We may consult on services before remuneration," she added.

Terry Silverstone of East Surrey LPC asked what percentage of contractors would give PSNC the mandate to accept the new contract. Mrs Sharpe said that if there was only a bare majority she would feel that PSNC needed to go back to the drawing board.

"That's not a satisfactory basis to ask people to invest in the new contract. We want to have a substantial commitment to the new contract from the profession."

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So confident is GlaxoSmithKline Consumer Healthcare in its clear 24-hour nicotine patch, NiQuitin CQ[®] Clear, that it's challenging you to spot the patch! Somewhere in the picture – on the visible skin – there's a NiQuitin CQ[®] Clear patch. Judge where it is and you could be one of five lucky winners to receive a clear kettle and mugs for your pharmacy!

Patented Patch

NiQuitin CQ[®] Clear patch incorporates the patented patch technology of NiQuitin CQ[®] (nicotine) including a unique rate controlling membrane. This helps ensure quitters receive effective craving protection, around the clock. NiQuitin CQ[®] patch is proven to reduce withdrawal symptoms, such as anxiety and irritability, especially in the morning¹ when these cravings are often at their worst. That is why 24-hour protection is so important. Used along with willpower, it's clinically proven to double the chances of success¹. NiQuitin CQ[®] Clear, the UK's only clear 24-hour nicotine patch, may be hard to spot but users can remain confident that it is protecting them around the clock.

Committed to Quitting – Going Above and Beyond

All packs of NiQuitin CQ[®] Clear enable users to obtain their own free, highly tailored behavioural support plan – the Committed Quitters[®] Stop Smoking Plan (CQ[®] Plan). Quitters using NiQuitin CQ[®] products can log on to www.niquitin.co.uk to develop their own individual CQ[®] Plan, which is delivered shortly afterwards. The CQ[®] Plan is a highly personalised plan designed to help smokers manage both their physical dependency AND the behavioural habits associated with smoking. When used in conjunction with the NiQuitin CQ[®] patch, an earlier version of the CQ[®] Plan is clinically proven to increase the chances of quitting by a further 26 per cent¹.

Which NiQuitin CQ[®] Clear patch is right for your customers?

NiQuitin CQ[®] patch in clear or opaque format is available in three strengths delivering 21mg (Step 1), 14mg (Step 2) and 7mg (Step 3). Smokers of more than 10 cigarettes a day should start with Step 1 and light smokers (10 cigarettes a day or less) should start with Step 2. Recommended Retail Price of £17.49 for a week's supply or £32.95 for a fortnight's supply.

Competition Mechanic

So confident are the makers of NiQuitin CQ[®] Clear patch that they are challenging you to 'spot the patch'. Unlike 'spot the ball' competitions – the NiQuitin CQ[®] Clear patch has not been removed! It is being worn by the man in the photograph on the right who is giving up smoking and wants help to beat those nicotine cravings.

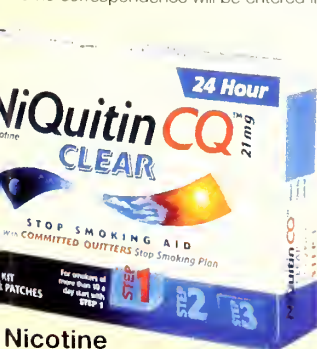
Where do you think he has stuck the patch? Mark a single cross on the picture indicating where you think the centre of the patch is (it's on the visible skin somewhere). Judge correctly and you could be one of the lucky five winners of a clear kettle and mugs for your pharmacy. Simply cut out the picture and send it to 'Spot the Patch' competition, c/o Chemist & Druggist, CMP Information, Sovereign Way, Tonbridge, Kent, TN9 1RW. Entries to arrive no later than 30th April 2003.

Competition rules

1. The competition is open to pharmacists and pharmacy assistants only.
2. Employees of GlaxoSmithKline, its agencies and suppliers may not enter the competition.
3. The closing date for entries is 30th April 2003. The judging will be held after this date and the winner informed by 30th May 2003.
4. The five entries with the closest estimate to the correct position of the centre of the patch will each receive one clear electric kettle (worth £35) and four clear mugs.
5. No photocopies will be accepted and no cash alternative is available.
6. The final decision rests with the Editor of C&D whose decision is final and no correspondence will be entered into.
7. Only one entry per

person.- 8. No responsibility can be accepted for entries lost in the post.

9. A list of winners can be obtained by sending a SAE to 'Spot the Patch' Competition, c/o Chemist & Druggist, CMP Information, Sovereign Way, Tonbridge, Kent, TN9 1RW.
10. The winners' names will be available after 30th May 2003.
11. The judge's decision is final.
12. The winners may be required to participate in publicity



Nicotine



NiQuitin CQ, NiQuitin CQ Clear Product Information. **Presentation:** NiQuitin CQ: Matt, pinkish-tan, square, transdermal patches. NiQuitin CQ Clear: Transparent, square, transdermal patches. Both presentations are available in three strengths (sizes): NiQuitin CQ, NiQuitin CQ Clear Step 1 (containing 114 mg nicotine per 22 cm² patch), NiQuitin CQ, NiQuitin CQ Clear Step 2 (containing 78 mg nicotine per 15 cm² patch), NiQuitin CQ, NiQuitin CQ Clear Step 3 (containing 36 mg nicotine per 7 cm² patch), delivering 21 mg, 14 mg, 7 mg nicotine respectively in 24 hours. **Indications:** Relief of nicotine withdrawal symptoms, including craving, associated with smoking cessation. If possible, use with a stop smoking behavioural support programme. **Dosage and administration:** Patch users must stop smoking completely. For a habit of more than 10 cigarettes a day, start with Step 1 for 6 weeks, then continue with Step 2 for 2 weeks and finish with Step 3 for 2 weeks. For a habit of 10 or less cigarettes a day, start with Step 2 for 6 weeks then finish with Step 3 for 2 weeks. For best results complete full course of treatment. Do not use for more than 10 consecutive weeks. If patients still smoke or resume smoking they should seek doctors' advice before using a further course. Apply patch to clean, dry skin site once a day preferably soon after waking. Remove patch after 24 hours and apply new patch to a fresh skin site. Patches may be removed before going to bed. However, 24 hour use is recommended for optimum effect against morning cravings. Wear only one patch at a time. When handling patch avoid touching eyes or nose. Wash hands after use in water only. **Contraindications:** Use by non-smokers, occasional smokers, children under 12. Recent heart attack or stroke, severe irregular heartbeat, unstable or worsening angina, resting angina. Hypersensitivity to the patch or ingredients. **Precautions:** Use only on doctors' advice in adolescents 12-17 years, cardiovascular disease (e.g. heart failure, stable angina, cerebrovascular disease, vasospastic disease, severe peripheral vascular disease), uncontrolled hypertension; severe renal or hepatic impairment, peptic ulcer, hyperthyroidism, insulin-dependent diabetes, pheochromocytoma, atopic or eczematous dermatitis. Concomitant medication may need dose adjustment following smoking cessation; caffeine, theophylline, imipramine, pentazocine, phenacetin, phenylbutazone, insulin, tacrine, clomipramine, adrenergic blockers may need dose decrease; adrenergic agonists may need dose increase. Patients should be warned not to smoke or use other nicotine-containing patches or gums when using NiQuitin CQ, NiQuitin CQ Clear. Keep safely away from children. Chronic consumption of nicotine can be toxic and addictive. **Side effects:** Transient rash, itching, burning, tingling at site of application should resolve on removal of patch; rarely, allergic skin reactions. Occasionally, tachycardia. Other systemic effects may relate either to using patches or smoking cessation: nausea, dyspepsia, constipation, cough, pharyngitis, dry mouth, arthralgia, asthenia, pain, headache, myalgia, flu type symptoms, dizziness, sleep disturbance. Abnormal dreams, nervousness. If side effects experienced are excessive, Step 1 users can step down to Step 2 for remainder of initial 6 weeks, then use Step 3 for final 2 weeks. **Pregnancy and lactation incl. trying to become pregnant:** Pregnant and nursing women should be advised to try to give up without nicotine replacement therapy, but should this fail, a medical assessment of the risk/benefit should be made. **Legal category:** GSL **Product licence number:** Niquitin CQ 21mg (step1), 14mg (Step 2), 7mg (Step 3): 00079/0347, 0346, 0345; NiQuitin CQ Clear 21mg (step1), 14mg (Step 2), 7mg (Step 3): 00079/0356, 0355, 0354. **Product licence holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Pack size and RSP:** All strengths 7 patches £17.49; Step 1 only 14 patches £32.95 **Date of last revision:** December 2002. **NiQuitin CQ, CQ and Committed Quitters** are registered trade marks of the GlaxoSmithKline group of companies.

References: 1. Shiffman S et al. *Addiction* 2000; 95(8), 1185-1195 Comparative Efficacy of 24-hour and 16-hour transdermal nicotine patches for relief of morning cravings. 2. *Transdermal Nicotine Study Group, JAMA* 1991; 226, No 22: 3133-3138 3. Shiffman S, Paty JA, RohayJL et al. *Drug and Alcohol Dependence*; 2001 64:35-46.

Report PPA Conference

ETP needs a simplified payment scheme

Douglas Simpson reports from a conference organised by the Prescription Pricing Authority in London on February 27



Nick Scholte: unit price per pill?



Lord Hunt: decisions soon

The Prescription Pricing Authority wants pharmacy remuneration to be simplified to make its job easier when electronic prescribing is brought in, according to Nick Scholte, the PPA's chief executive. "Why not a unit price per pill?" he asked.

This is one of a range of options the PPA wants to discuss with the Pharmaceutical Services Negotiating Committee. Mr Scholte suggested that simpler reimbursement could be accompanied by varying reward for different levels of service.

He made it clear that the PPA wants a modernised prescription system where standardised electronic messages replaced the "vast volumes of paper" and benefited patients.

None of the pilot projects on

the electronic transfer of prescriptions (ETP) is suitable for roll out on its own, said Mr Scholte. The current model being developed was a hybrid of the three piloted models. It provided patients with a range of choices, including ordering medicines by telephone or internet.

For full implementation, pharmacy and GP computer systems need to be upgraded. The *NHS Primary Care Drug Dictionary* would need to be included in these systems and pharmacies would need to connect to the NHSnet. Whether or not patients could opt out also needed to be decided.

There is a need to "incentivise" community pharmacists towards a "higher quality of service", said Lord Hunt, Parliamentary Under

Secretary of State for Health, in a keynote address.

He acknowledged that the history of the NHS was littered with failing IT projects. There had been a lack of direction, but there was now a national programme with rigid standards.

The NHS wanted to involve the private sector and share the risk. However, there would be no attempt to achieve perfection. The health service would seek to agree a basic infrastructure and build on that.

He acknowledged the frustration over the absence of some decisions for ETP pilots but hard thinking was still being done on exactly what was wanted from ETP. He said he would try to get decisions out as soon as possible.

Briefly...

● In a seminar on the future of pharmacy, Phil Hurst, pharmacy process consultant at Boots The Chemists, said that the Sowerby Centre at the University of Newcastle was about to produce a report on the three ETP pilots and how the system should be rolled out.

● On the new contract, Mrs Sharpe said that PSNC was developing proposals for two levels of service. If deregulation was brought in as a result of the OFT report, remuneration for the basic dispensing service could be at rock bottom levels.

● Responding to concerns that ETP could open the door to mail order supply, Ewan Davis (Woodcote Consulting) said that 15 per cent of prescriptions in one of the pilots had gone to a mail order pharmacy.

● Noting that the Scottish ETP pilot had not gone well, Mike King, director of planning and corporate affairs, PPA, said that wherever England went on ETP, Scotland and Wales would follow.



Phil Hurst, Sue Sharpe, Mike King

PPA to build exemption information into ETP

Douglas Ball, director of IT at the PPA, said that in the ETP models being tested, prescriptions could either be "pushed" to the pharmacy of the patient's choice or "pulled" from a central store when the patient visited a pharmacy.

The PPA was looking to build information on exemption entitlement into the message that went to the pharmacy to eliminate the need for a paper form.

The Authority was also talking about adding clinical information, such as the disease being treated, to the version of the electronic prescription that went to the PPA. This would allow comparison with

national guidelines and feedback to GPs and PCTs.

For NHS contractor pharmacists, ETP would allow up-to-date information to be given on how the PPA was making its payments. It would provide electronic support for repeat prescribing. An *e-Drug Tariff* was being considered.

For patients, ETP would reduce prescription handling time and free up time for consultation.

Mr Martin Anderson, director of commercial affairs, Association of the British Pharmaceutical Industry, noted that the vision was to have a single unique drug

identifier for medicines, appliances and devices to facilitate the prescribing, dispensing and reimbursement of medicines, and to enable the establishment of electronic patient records and ETP.

This was to be provided through the *Primary Care Drug Dictionary (PCDD)*, launched recently. There was a risk in building a UK solution that would incur costs. A number of things were happening elsewhere, such as the incorporation of batch numbers and expiry dates in product bar codes in the USA.

Mr Anderson pointed out that EAN codes for drugs were used in

transactions between manufacturers and wholesalers, and PIP codes between wholesalers and pharmacists. Was the new code to be mapped to EAN and PIP codes and who would do it?

[Editor's note: C&D and the PPA are testing software to map PIP codes to Snomed codes (AMPPs) within the PCDD. Under an agreement being drawn up between the PPA and C&D, the map will be maintained and updated weekly by C&D and made available on subscription. EAN codes will also be mapped to Snomed – they are already mapped to PIP codes if manufacturers make the information available.]

The Colour of Success: Rimmel London Beauty Bars

Coty UK team up with Artform and NDI Momentum to give independent chemists the perfect beauty bar for Rimmel

Great new products, cutting edge photography featuring Rimmel's face - supermodel Kate Moss - a multi million pound media spend and increased exposure in all key press have resulted in the fantastic revitalisation of the UK's most widely distributed cosmetics brand, Rimmel London.

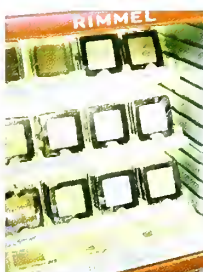
With 80% of consumers making a decision at point of purchase, stands needed to reflect the marketing strategy behind the brand and with independent chemists under increasing time constraints, they also needed to be durable, attractive and easy to refill.

Mike Lawes, Coty UK European POS Manager, "Coty UK aimed to create the perfect beauty bar, recognizing that it needed to work for both the consumer and the retailer".

Artform UK came up with a design solution that not only reflected the brand's new image and allowed the consumer easier access to the products, but also made life simpler for those working for these retailers.



"Mr Shah from N V S Pharmacy, London W1, "Our customers are finding the new Rimmel stand far more colourful and user friendly and as a result we have seen an increase in sales".



The new Rimmel London stands are now lit from the inside providing the perfect backdrop for products and shades. The images which make up the Rimmel London brand are built into the side of the bars creating an easily seen focal point.

Removable, easily refillable trays greatly reduce time restocking and a ground-breaking material that doesn't build static was used throughout which means less time spent cleaning and maintaining. Even nail polish marks can be simply peeled off ensuring the stand looks smart, clean and in tune with the interior of the store.

Coty UK and Artform ensured the stands were adaptable enough to cope with the demands of a fast moving cosmetics brand allowing easy and fast range changes for whatever the future requires.

To undertake the huge task of implementation, NDI Momentum controlled the installation of the beauty bars into all 5,000 chemist outlets over a ten-week period, having already worked with Rimmel on earlier installations of the new stands into Boots and Superdrug. With a 'first visit' successful installation rate of 94.5%, NDI Momentum demonstrated their expertise in this area and the benefits of contracting such a major project to a well-established and reputable company.

The result?

Independent chemists nationwide now have the ultimate beauty bar, that not only reflects Rimmel London's unmistakable image but is also easier to use. Rimmel London is now instantly recognised by the consumer, and the brand's ongoing revitalisation and latest communications are clearly reflected at point of sale.

For further information on Rimmel London contact Coty UK Ltd on 01233 625 076



Kill two birds with one tube.

Itch Relief Cream

Lauroamagols, urea

DERMATOLOGICAL



INDICATIONS:
Eczema, pruritus, dry skin, sunburn, insect bites, minor skin irritations, allergic reactions, contact dermatitis, atopic dermatitis, allergic contact dermatitis, irritant contact dermatitis, xerosis, ichthyosis, psoriasis, seborrhoeic dermatitis, pityriasis, tinea, fungal infections, bacterial infections, viral infections, parasitic infections, and other skin conditions.

CONTRAINDICATIONS:
Patients with known hypersensitivity to any of the ingredients. It should not be used to treat acute allergic reactions, acute inflammation, oozing or infected skin lesions.

SPECIAL WARNINGS AND PRECAUTIONS:
For use: E45 Itch Relief Cream may be used on the face and neck, but should not be applied to the eyes. It should not be used on inflamed skin.

ADVERSE REACTIONS:
None reported.

PHARMACOLOGICAL PROPERTIES:
E45 Itch Relief Cream contains lauroamagols, which have a local anaesthetic effect to relieve the itch, and urea, which moisturises the skin.

HOW TO USE:
Apply a thin layer of cream to the affected area twice a day, or more often if necessary.

PACKAGING:
E45 Itch Relief Cream is available in 30g and 60g tubes.

STORAGE:
Store at room temperature, away from light and moisture.

EXPIRY DATE:
See the bottom of the tube for the expiry date.

MANUFACTURED BY:
E45 Pharmaceuticals Ltd, 100, The Quadrant, London W1 8DB, UK.

DISTRIBUTED BY:
E45 Pharmaceuticals Ltd, 100, The Quadrant, London W1 8DB, UK.



If there's one thing people with dry, itchy skin need, it's two things. E45 Itch Relief Cream offers both. Lauroamagols have a local anaesthetic effect to relieve the itch and urea moisturises the skin. What could be more simple? **It's an easy way to manage eczema patients.**

Famz Farhan completes her body basics physiology series with a description of the urinary system

Waste disposal



THE COLLEGE OF PHARMACY PRACTICE

This course (module 1264), in association with multiple choice questions being published in C&D April 5, provides one hour's continuing education

Objectives

- To revise the structure of the urinary system
- To revise nephron structure
- To understand the counter-current mechanism
- To revise how urine is formed
- To understand the mechanism of urination

The urinary system is the most important system for elimination of waste products from the body, so this will form the focus of this module.

Other systems involved in excretion (previously covered in this physiology series) are:

- **The digestive system** eliminates water, some salts, bile and undigested food as faeces. The liver eliminates the by-products of red blood cell destruction and breaks down certain drugs and toxins.

- **The respiratory system** eliminates carbon dioxide and water through the breath.

- **The skin** excretes water, salts and small quantities of nitrogenous waste through sweat.

The urinary system

The urinary system consists of organs and structures that filter the blood and excrete the waste products as urine. The components are:

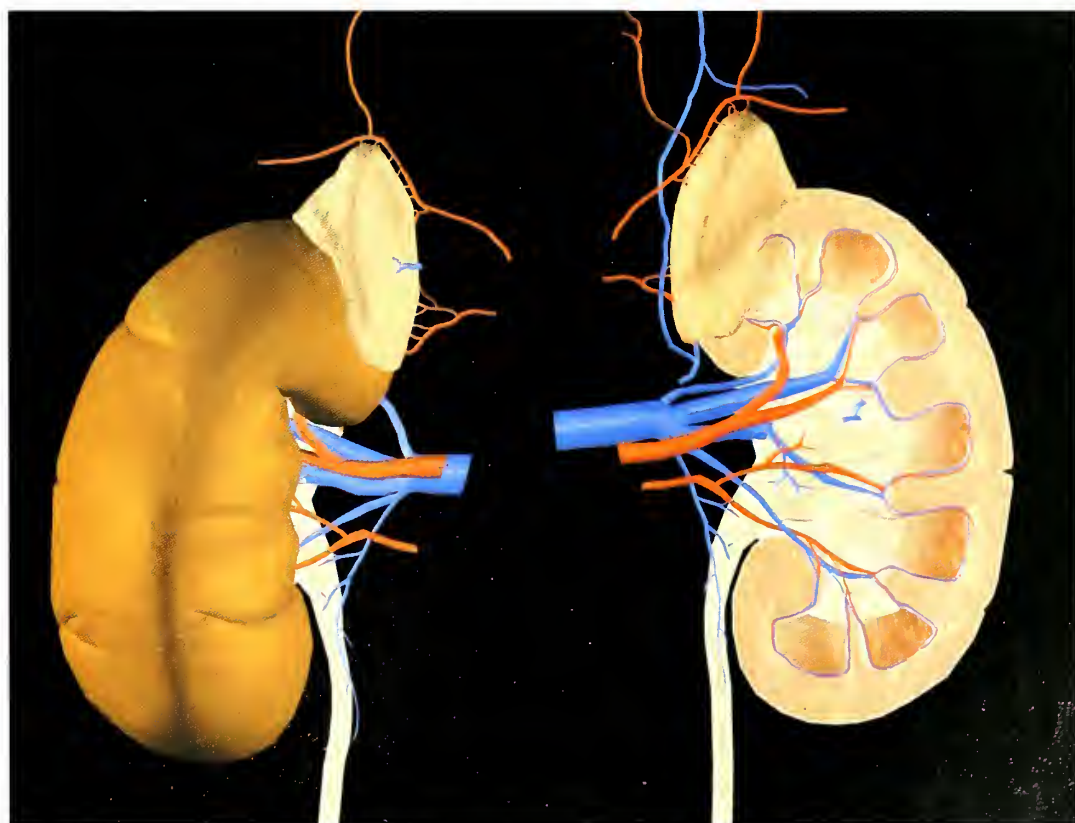
- Kidneys
- Ureters
- Bladder
- Urethra

The kidneys

The kidneys are responsible for filtering nitrogenous waste, water and salts from the circulating blood and excreting it as urine.

The kidneys are located in the upper abdomen, behind the peritoneum and against the back muscles. Each kidney is enclosed in a membranous capsule, which is in turn surrounded by the adipose capsule.

A renal artery supplies each kidney with blood. This subdivides into increasingly



The kidneys, showing the blood supply from the renal artery

smaller branches, so that at its smallest the capillaries intertwine with each nephron. Blood leaves these nephrons and eventually feeds into the renal vein.

Each kidney is about 10cm long and 5cm wide and is bean-shaped. It is divided into an outer renal cortex and an inner renal medulla. The medulla contains the tubules involved in the collection and formation of urine. Under dissection, these tubules bunch together and appear as cone-shaped structures called renal

pyramids. The tip of each pyramid points inwards towards the renal pelvis, which forms the top end of the ureter. Urine drains out of the pyramids into the renal pelvis where it is taken away by the ureters to the bladder.

Nephrons

Nephrons are the basic units of the kidney. A nephron is a coiled tube with a bulb at one end called the Bowman's capsule. Enclosed in the bulb is the glomerulus, essentially a tightly coiled cluster

of capillaries. There are over a million nephrons in each kidney, creating a huge surface area for glomerular filtration. Laid out flat, these nephrons would span 120km.

Each glomerulus is fed by a blood vessel called the afferent arteriole. The efferent arteriole carries blood away from the glomerulus and flows into a capillary network – the peritubular capillaries – that surround the

Continued on page 24 ➤

tubular part of the nephron.

The tubular section of the nephron consists of two portions. The coiled part is nearest the Bowman's capsule and is called the proximal convoluted tubule. The tubule then straightens out and forms a loop called the loop of Henlé. At the end is another coiled section, called the distal convoluted tubule. This section empties into a collecting duct, which then forms part of the renal pyramids.

The proximal convoluted tubule contains a section of specialised cells called the juxtaglomerular apparatus at the point where it touches the afferent arteriole, near the glomerulus. This structure helps to regulate kidney function by releasing the enzyme renin when renal blood flow is decreased.

Renin regulates the secretion of the hormone aldosterone, which is released by the adrenal cortex. Aldosterone maintains the sodium and potassium balance and blood volume.

The ureters

The two ureters are muscular tubes of about 25–32cm in length that lead from the kidneys into the lower part of the bladder. They enter the bladder at an angle to prevent the backflow of urine when the bladder is full.

The ureter wall is composed of an inner layer of epithelial cells, followed by a thick layer of involuntary muscles and encased

in an outer sheath of fibrous connective tissue. The lining is continuous with that of the renal pelvis and the bladder. Urine is moved along in one direction by gravity and peristalsis.

The bladder

The bladder is located below the peritoneum so that, when full, it pushes the peritoneum up and can extend into the abdominal cavity.

The bladder is a hollow, muscular organ that acts as a temporary reservoir for urine. When empty, the wall is thick and firm, but thins and stretches like a balloon as it fills. It can stretch from about 5cm in length to 12.5cm. A moderately full bladder holds just under half a litre of urine.

At the base of the bladder is the trigone, a triangular area formed by the openings of the ureters at the sides and the urethra at the bottom. When the bladder fills, this area expands upwards to prevent the stretching of the urethra and backflow of urine through the ureters.

The urethra

The urethra is a tube that leads urine out of the bladder to the outside. The urethra is longer in males (about 20cm) and forms part of the reproductive system, as it conveys sperm, accompanying secretions and urine through the penis to the outside. The urethra goes through the prostate gland which is why enlargement, such as in benign prostatic hyperplasia, can restrict urine flow.

In females the urethra is a thin walled tube of about 4cm, which is embedded in the muscle at the front of the vagina.

Urine production

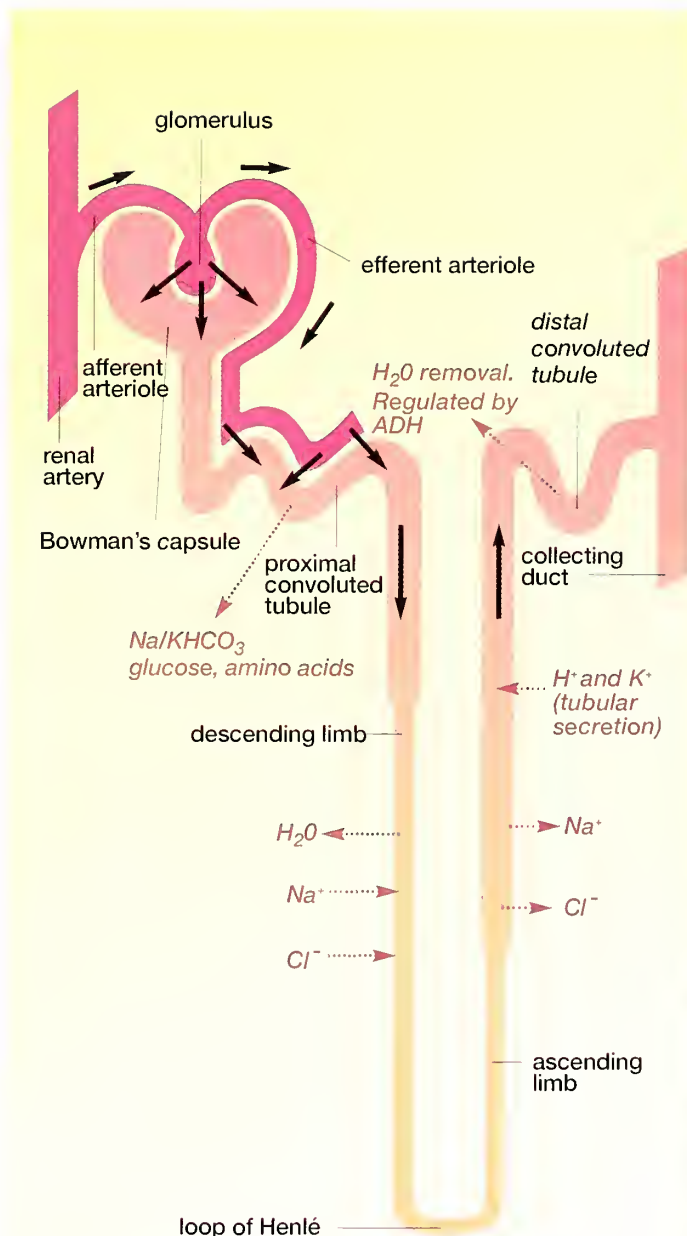
Urine production occurs in the following stages:

Glomerular filtration

The membrane of the glomerulus is permeable to water and soluble materials, such as sodium ions, nutrients and drugs, and impermeable to blood cells and large protein molecules. Because the afferent arteriole feeding into the glomerulus is bigger than the efferent arteriole, a pressure is created which helps the passage of water and soluble materials into the Bowman's capsule. This process is called glomerular filtration and the resulting fluid is the glomerular filtrate.

Tubular reabsorption

Around 180 litres of filtrate is formed every 24 hours, but only



1–1.5 litres of urine passes out of the body. This is because much of the glomerular filtrate is reabsorbed by the nephron tubules and passed back into the circulation (tubular reabsorption).

As the filtrate travels through tubules, water and other essential water-soluble components leave the tubule and enter the surrounding tissue fluid via diffusion and active transport. These then enter the blood in the peritubular capillaries and return to the circulation. At the same time, urica and nitrogenous waste remain in the tubule to form urine.

Although about 580g of sodium appears in the filtrate over 24 hours, the final output is about 4g.

Tubular secretion

This process actively moves additional substances, such as potassium and hydrogen ions, from the blood into the nephron

for elimination. The secretion of hydrogen ions allows the kidney to regulate the acid-base (pH) balance of body fluids.

Counter-current mechanism

This process concentrates the urine by controlling the amount of water eliminated from the body.

When the filtrate passes through the thick ascending portion of the loop of Henlé, sodium ions are actively transported out into the interstitium and negative chloride ions follow. The wall of this section of the loop is impermeable to water. Because water cannot leave, the fluid becomes progressively less concentrated as it moves up the loop. When it reaches the distal convoluted tubule it is hypotonic to plasma.

Meanwhile, the increasing

Continued on page 26 ►

Renal dialysis

Dialysis refers to the separation of dissolved molecules by way of a semipermeable membrane. Patients with defective kidneys use a dialysis machine to filter urea and other nitrogenous products from their blood. It relies on the principle of molecules leaving the area of greater concentration (the blood) to an area of less concentration (the fluid in the dialysis machine, the dialysate). The concentration of the dialysate can be adjusted to regulate the flow of substances out of the blood.

There are two types of dialysis. Haemodialysis uses an artificial membrane such as cellophane. In peritoneal dialysis, the dialysate is introduced into the peritoneal cavity and then periodically removed with the waste products.

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concentration of sodium and chloride ions in the interstitial fluid causes the removal of water from, and addition of sodium and chloride ions to, the descending loop of Henlé. This process is called the counter-current mechanism because it involves fluid travelling in opposite directions within the loop of Henlé.

However as fluid passes through the more permeable distal convoluted tubule, the collecting duct water is drawn out and returned to the blood. This makes the urine more concentrated and its volume is reduced. The process is regulated by antidiuretic hormone (ADH), which is released from the posterior part of the pituitary gland.

ADH makes the walls of the distal convoluted tubule and the collecting ducts more permeable to water so that less of it is excreted in urine. The release of ADH is controlled by a feedback mechanism. When the blood is more concentrated, the hypothalamus stimulates the posterior pituitary to release more ADH; when the blood is too dilute, the reverse occurs and less

ADH is released. In diabetes insipidus, inadequate quantities of ADH are released so large amounts of water are lost through urine and there is excessive thirst.

Mechanism of micturition

Two sphincters surrounding the urethra control micturition, or urination, voluntarily and involuntarily. The sphincter nearest the bladder is called the internal urethral sphincter. This is an involuntary muscle formed by the continuation of the smooth muscle of the bladder wall.

Further on is the external urethral sphincter, the voluntary muscle formed by the muscles of the pelvic floor.

When the bladder fills with about 300ml of urine, its walls expand and stretch receptors are stimulated. Sensory signals are sent to the lower part of the spinal cord where they are then relayed to the parasympathetic neurones that innervate the detrusor muscle in the bladder wall causing it to contract.

At the same time, impulses travelling down the pudendal nerve to the external sphincter are inhibited so the sphincter

Urine

Urine is a yellow liquid that is about 95 per cent water and 5 per cent dissolved solids and gases. The pH averages 6.0 but can range between 4.5 and 8.0 depending on the diet.

The amount of soluble material is indicated by specific gravity. The specific gravity for water is taken as a standard measurement of 1.000. However, this varies from 1.002 for very dilute urine to 1.040 for very concentrated urine. In diseased kidneys, where the ability to concentrate urine is compromised, the specific gravity no longer varies as it does in normal kidneys.

The normal constituents of urine include:

- nitrogenous waste products, including urea, uric acid and creatinine
- electrolytes, including sodium chloride, sulphates and phosphates. The amount excreted varies in order to maintain the balance of the blood concentration
- pigment from bile components and certain foods and drugs.

relaxes and urine can pass out.

Micturition can be controlled voluntarily via the descending pathways from the brain, by control of the parasympathetic fibres to the bladder and the somatic fibres to the external sphincter. Muscle tone in the pelvic floor also has an effect on micturition. It puts pressure on the neck of the bladder and stems the flow of urine. Relaxing the pelvic floor aids micturition.

In babies and children who have not been toilet trained, micturition occurs as a simple reflex when the bladder fills. The internal sphincter remains closed between micturition.

Urinary incontinence

Incontinence in adults occurs as urge incontinence or stress incontinence.

In urge incontinence, urination is involuntary and occurs as soon as the urge is experienced. It can be caused by dementia, stroke, urinary tract infection or unstable detrusor muscle.

Stress incontinence occurs mainly in women after coughing, sneezing, laughing or lifting. It is usually caused by weakened pelvic floor muscles such as during pregnancy and after childbirth, the menopause and uterine prolapse. Men may also experience it after prostatectomy.

Other causes of incontinence

include drugs such as diuretics and hypnotics, neurological disorders and spinal cord injuries.

Nocturnal enuresis occurs in young children and refers to the persistent involuntary urination during deep sleep. It is common in boys and there is usually an associated family history. Its causes can be physical, psychogenic or as a result of a urinary tract infection.

Fawz Farhan is visiting lecturer in pharmacy, King's College, London

Actionplan

- 1.** In your practice workbook, list the classes of diuretics as mentioned in the *BNF* (2.2). Revise the mode of action of each class, noting this in your workbook.
- 2.** Consider the benefits and drawbacks of each class of diuretic, with special reference to disease states. Again note this in your workbook.
- 3.** Using the above information, carry out selective drug review of the next 50 prescriptions for diuretics. Consider if they are appropriate to the patient and his/her condition. Could you suggest different drug regimens for these patients? You may wish to exclude bendroflumethiazide for hypertension in this review.



Nocturnal enuresis is common in boys

Continuing Learning for pharmacists

Continuing education for continuing education are reminded of the need to test. With the continuing education (CE) materials, C&D® readers can self-test their progress by using the multiple choice questions. The questions to be inserted in the April 5 issue, which will cover this week's CPP-accredited modules, appear on pages 1263 and 1265. These will cover:

- Benign breast disorders (1263) ● Body basics – excretion (1264) ● Neuropathic pain (1265)

For more information on the continuing education modules – details on the monthly MCQ papers, or to request a sample for Pharmacy Update can contact Mary Prebble on 01732 377269.



THE COLLEGE OF
PHARMACY PRACTICE

This tutorial has been
designed to meet the

requirements of the College

of Pharmacy Practice in providing one
hour of postgraduate education towards the
College's continuing education requirement

**A quarter of men
over 60 years are
likely to seek
help for the
symptoms of
benign prostatic
hyperplasia.
The pharmacist
may be involved
in a range of
treatment options**

Objectives

- To understand the function of the prostate
- To understand the nature of benign prostatic hyperplasia
- To consider the implications of BPH for sufferers
- To consider the treatment options available
- To be aware of non-drug and non-surgical management of the condition

Benign Prostatic Hyperplasia

For many men, the first time that they become aware of their prostate is when they experience problems urinating. An increasing number of trips to the toilet during the night, having a sudden urge to urinate, or having a weak inconsistent stream are all typical symptoms.

The likely cause is an enlarging prostate. The degree of inconvenience or discomfort will vary widely, but it is estimated that a quarter of men over the age of 60 will be affected sufficiently to seek some form of intervention.

For most men, once they enter their 40s, the prostate will have started to grow. Due to its location, sitting around the urethra under the bladder, any growth can affect urine flow, and many people believe that the prostate is part of the urinary tract. However, its function is as part of the male reproductive system. It produces prostatic fluid, one of the fluids that makes up semen. The gland also can contract to help expel ejaculate through the urethra. The gland can be divided into three main parts, the transition zone around the urethra, the central zone around the ejaculatory duct, and the peripheral zone.

Prostate growth

Growth of the prostate is influenced by circulating testosterone, as seen at puberty when the prostate will grow from something the size of a pea to something the size of a walnut. Post-puberty to early middle age, the gland stays at about this size, but then excess testosterone starts to be produced by the testes, which triggers further prostate growth.

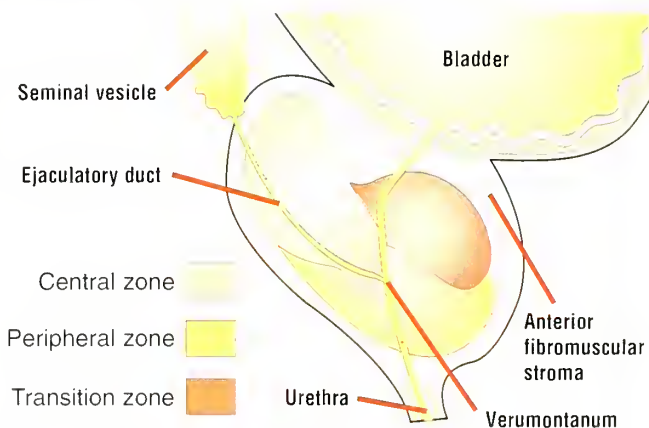
This non-cancerous growth, which some now consider a normal aspect of ageing, is called benign prostatic hyperplasia or hypertrophy, both abbreviated to BPH, but slightly different in physiology. In hyperplasia there is an increase in the number of non-cancerous transition cells, whereas in hypertrophy there is an increase in the size of the transition cells. Growth can cause blockage in two ways – either by the increase in size causing the prostate to swell and put pressure on the urethra, so narrowing it; or the increase in the number of cells causing the prostate to grow into the lumen of the urethra.

Effect of a narrowed urethra

The key effect of a narrowed or blocked urethra will be some type of urinary symptom, either pain on passing water, increased frequency of urination, to incomplete voiding or sudden voiding.

A doctor should make the initial diagnosis, asking the patient about the nature and severity of symptoms. Flow rate and force will be assessed, and the frequency and amount of urine passed over a few days may be monitored, while a digital rectal examination will help determine whether the prostate is enlarged as the prostate can be felt through the rectal wall. Other tests will include ruling out any urinary tract infection, as well as testing kidney function.

There is some debate over interpreting results



Zones of the prostate gland

from testing for prostate specific antigen (PSA).

Incontinence due to BPH may show itself in a number of ways. Overflow incontinence is likened to an overflowing cistern, where there is a dribble of urine for some time or constantly after passing water. This may be seen initially as a hesitant or slow urine stream when urinating.

A tightened urethra can cause pressure to build up in the bladder, so that reverse pressure is put on the kidneys, causing them to be less effective. The effect is that the need to urinate can be sudden and almost uncontrollable. A chronic distension of the bladder also weakens it, causing a degree of 'wear and tear', possibly with bladder stones or infection-harboured pockets developing. A complete



Benign Prostatic Hyperplasia

blockage of the urethra needs emergency treatment and may be extremely painful.

Treatment options

Treatment depends on the nature and severity of the problem. Options range from lifestyle to drugs to surgery. Although more frequently touted for female incontinence, men may also benefit from pelvic floor muscle exercises.

Incontinence pads or pants may be another option and sufficient to allow a man to improve his quality of life. For others, drug therapy may be the solution, while for others surgery may be necessary,

to produce decreased resistance to urinary outflow.

Finasteride (Proscar) works by inhibiting 5-alpha-reductase, and so reducing the amount of testosterone that is converted to the more potent dihydrotestosterone. The effect of this is to cause the prostate to shrink, although it can be up to six months before the effects are apparent. Saw palmetto (*Serenoa repens*), a herbal remedy which contains the steroidal compound beta-sitosterol, is gaining credence as a relatively safe treatment for BPH, although the mode of action is not yet determined.

Lifestyle management

In terms of day-to-day management of incontinence, absorbent pads or pants may be the most convenient. While there may still be some reluctance to purchase products, the pharmacy is an ideal place, where knowledge of a patient's symptoms allows a sympathetic approach. Being aware of the types of products that are available, both specifically for men or for unisex use, and being able to suggest an appropriate product depending on the level of continence will help the patient to be more comfortable about the condition.

Factors to consider when

recommending products include whether any protection is used or has been tried, and if so, how many products are used in 24 hours. How much involuntary urine loss is there, ie how much occurs between two occasions of reaching the toilet on time. And what volume is involved - a dribble, through to a splash or greater volumes. For mild incontinence, TENA for men are

pads which can absorb up to 200ml or 300ml, and are designed to be worn with snug-fitting briefs or an appropriate size of TENA fix.

For moderate incontinence, TENA pants Discreet is a unisex range which can absorb up to 500ml, and are designed to look and feel like normal underwear. TENA pants Plus absorb up to 800ml.

For further information

www.continence-foundation.org.uk
www.prostate-cancer.org.uk
www.tena.co.uk



particularly if the urethra is being blocked by hyperplasia in the lumen.

The most common form of surgery is TURP, trans-urethral resection of the prostate, while TUIP or trans-urethral incision of the prostate may be more suitable for men still interested in having children as it is less likely to affect ejaculation. Other forms of surgical intervention include laser surgery to vaporise cells, and heat to burn away cells. While surgery can often significantly improve symptoms, in the post-operative phase the bladder will take some time to 'settle down' so symptoms may appear to worsen for a time. Patients should be advised it may be up to six months before the full improvement is seen.

Drug therapies are designed to work in one of two ways. Drugs such as terazosin (Hytrin), alfuzosin hydrochloride (Xatral), doxazosin (Cardura), prazosin (Hypovase) or tamsulosin hydrochloride (Flomax) are alpha-adrenergic blockers which act as non-vascular smooth muscle relaxants



Test your understanding by answering the following questions, then check your answers by phoning our Telephone Marking Service on **08705 800 283** for an immediate result. You will be asked for the Tutorial Number. This tutorial is No22. Just listen to the instructions and press buttons 1 or 0 to indicate your answers. "1" indicates true; "0" indicates false. Please note that calls are charged only at standard national rates.

This is the first of three modules on incontinence issues sponsored by Tena. Further modules will be published on May 3 and August 2.

If you pass this and the next two modules, and you are a pharmacist or an assistant and want the appropriate certificate for this College of Pharmacy Practice accredited course, complete the form below and send the original (or a photocopy) to: Mary Prebble, Pharmacy Editorial Projects, CMP Information Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW before December 31, 2003. Please enter your name and status (please tick), pharmacy, address, phone and RPSGB/PSNI number below:

Name _____

Address _____

Pharmacist ☐

Registration No ☐

Technician ☐

Counter assistant ☐

Signature _____

1 Benign prostatic hyperplasia is something likely to affect all post-pubertal males?

☐ True ☐ False

2 Prostate growth appears to be triggered by an increase in testosterone production?

☐ True ☐ False

3 BPH-induced urinary problems stem mainly from enlargement of the peripheral part of the prostate

☐ True ☐ False

4 Digital rectal examination of the prostate is the key diagnostic tool in BPH?

☐ True ☐ False

5 Acute complete blockage of the urethra in BPH is best treated with drugs?

☐ True ☐ False

6 Complications of BPH can include urinary tract infections?

☐ True ☐ False

7 Surgery may require the patient to continue actively managing their incontinence for some months?

☐ True ☐ False

8 Pelvic floor muscle exercises may be of benefit in helping reduce BPH-induced incontinence?

☐ True ☐ False

9 Alpha-adrenergic drug therapy helps in BPH by causing the prostate to shrink in size?

☐ True ☐ False

10 Finding out about the nature and severity of a man's incontinence should be a key part in recommending any absorbent products?

☐ True ☐ False

Vitamin D reduces fracture risk

Oral vitamin D supplements have been shown to reduce fractures in people over 65 years of age living in the community.

In a randomised, double-blind controlled trial 2,686 people received a 100,000IU vitamin D3 capsule or placebo. This was taken every four months for five years. Participants were sent the capsule in the post and were asked to return a survey including details of fractures and major illness.

Those in the treatment group had a 22 per cent lower rate for first fracture at any site and a 33 per cent lower rate for first



fracture occurring in common osteoporotic sites such as the hip, wrist or forearm and vertebrae.

The authors say that most

fractures do not occur in the small numbers of people with severe osteoporosis but are a risk factor in the whole population. However, primary prevention where the individual risk is low but the population risk is large raises dilemmas of safety, feasibility and cost-effectiveness.

Side effects are less acceptable in a healthy population and where there is a lack of evidence on fracture prevention, for example, in men. The annual cost of quarterly vitamin D3 capsules was less than £1.

For more information:

BMJ 2003; 326:469-472

www.bmj.com

Reply to DTB's Spiriva comments

Two pharmaceutical companies involved in the promotion of tiotropium (Spiriva) have responded to last week's DTB review (C&D, March 1, p 23).

Boehringer Ingelheim and Pfizer said there were "significant omissions that have generated misunderstandings about the drug".

As well as commenting on specific conclusions the companies said: "Several independent UK bodies have reviewed the clinical data as well as the economic case, including Bandolier, the National Prescribing Centre and the Scottish Medicines Consortium. Their assessments have resulted in positive outcomes and the business case has been well accepted."

Scriptlines



Colour coded

A range of generic medicines in brightly coloured packaging designed to aid identification has been launched via UniChem and its subsidiary OTC Direct.

Each pack features a background colour that distinguishes it from other medicines that may be co-prescribed. In addition, colour strips are used to highlight the strength and to differentiate between strengths of the same product.

A further 120 products will be added this year to the current 38-strong range, which is available to all pharmacists, including non-UniChem customers.

For more information:

UniChem

Tel: 020 8391 2323

OTC Direct

Tel: 01372 740004.

Becloforte diskhaler stopped

GlaxoSmithKline is discontinuing Becloforte (beclomethasone dipropionate 400mcg) diskhaler and refill packs. Stocks will last until mid-March based upon current usage, says GSK.

For more information:

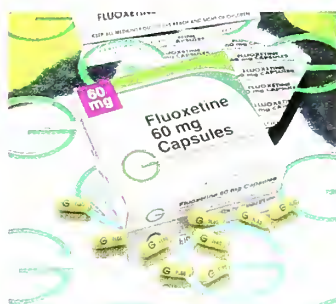
GlaxoSmithKline

Tel: 020 8990 9000.

Generic fluoxetine 60mg launched

Generics UK has launched fluoxetine 60mg capsules in blister packs of 30 for the treatment of depression, obsessive compulsive disorder and bulimia nervosa.

The recommended dosage for adults for depression is 20mg daily, for obsessive compulsive disorder it is 20 to 60mg daily and for bulimia nervosa it is 60mg daily.



For more information:

Pip code: see last week's Price List supplement

Generics UK

Tel: 01707 853000.

Fluconazole off patent

Several manufacturers have launched generic fluconazole capsules after its patent expired this week.

It is now available as 7 x 50mg, 1 x 150mg, and 7 x 200mg Prescription Only Medicines, and as a 1 x 150mg P medicine. For further details of Niche Generics' products see p40.



Rosacea gel launched

Linderna has launched an antibiotic gel for the treatment of acute exacerbations of acne rosacea.

Metrosa, which contains metronidazole 0.75 per cent in a water-based gel, should be applied thinly to the affected areas twice daily for four weeks. Treatment can be continued for a further four weeks if required. Undesirable effects include dryness, peeling and itching.

Metronidazole's precise mode of action in acne rosacea is not known, although it has been suggested that it has an anti-inflammatory effect due to an anti-oxidant activity affecting neutrophil cell function, or that it acts as a parasiticide towards *Demodex folliculorum*.

Price: £19.90

Pack size: 40g

Pip code: 293-2861

Linderna

Tel: 01981 250124.

Alcon's ocular allergy relief

Alcon Laboratories has launched an anti-allergic eye drop for the treatment of seasonal allergic conjunctivitis.

Opatanol, a Prescription Only Medicine, contains olopatadine 1mg per ml. The recommended dose for adults and children aged three and over is one drop in the conjunctival sac of the affected eye(s) twice daily (eight hourly).

In case of concomitant therapy with other topical ocular medicines, an interval of five to 10 minutes should be allowed between successive applications.

Undesirable ocular effects include discomfort, pruritus, hyperaemia, discharge, dry eyes, and lid oedema. Systemic side effects include headache, dizziness and dry nose.

The drops, which contain the preservative benzalkonium chloride, must be discarded four weeks after first opening.

Price: £8.77

Pack size: 5mls

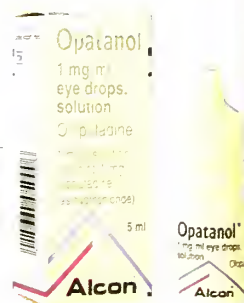
Pip code: 288-

6828

Alcon Labs

Tel: 01442

341234.



Hypurin insulin in 3ml cartridges

Hypurin Porcine and Bovine insulins are now available as 3ml cartridges, after CP Pharmaceuticals announced that the existing 1.5ml cartridges would be phased out by September 2004.

For further details see p13.

Canesten offers an oral option for treating thrush

Bayer is launching a 'P' fluconazole oral thrush treatment into the Canesten range.

Canesten Oral contains fluconazole 150mg in a capsule designed to offer a fast and convenient way to clear a vaginal thrush infection.

The product can be combined with Canesten 2 per cent cream to help relieve external itching immediately.

It should not be taken by pregnant women or those trying for a baby or breastfeeding. It is also not suitable for people taking terfenadine or cisapride.

Bayer recommends that sufferers' partners with thrush of the penis should also use the treatment in order to prevent re-infection.

The launch will be supported by a £5 million marketing campaign

including TV, press and radio advertising likely to be in the summer.

Point of sale material for independent pharmacies includes a free counter top unit which holds six packs.

Educational material is also available for pharmacies.

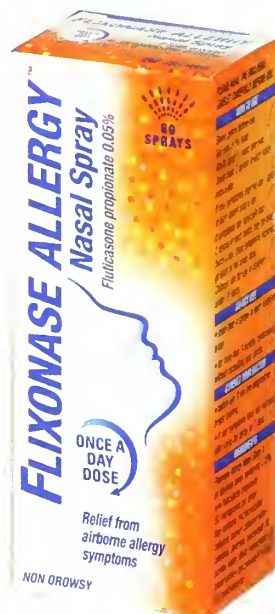
Price: £12.50

Pack size: one x 150g capsule

Pip code: 291-8738

Laser Healthcare

Tel: 01202 780588.



Flixonase goes OTC to target year-round allergies

GlaxoSmithKline Consumer Healthcare's Flixonase Allergy Nasal Spray prescription brand will be available OTC through pharmacies from April 1.

The 'P' spray contains fluticasone propionate 0.05 per cent and is formulated to provide up to 24 hours relief from year-round airborne allergy and hayfever symptoms.

The product is suitable for adults aged 18 and over. The 60-spray pack provides up to 15 days treatment with one dose a day.

The launch will be supported by a TV advertising campaign during the key summer months.

Although the campaign will focus on the hayfever season, GSK also intends to target those who experience allergy symptoms all year round.

A consumer and health professional educational campaign is planned and point of sale material will be available for pharmacies.

Price: £6.79

Pack size: 60 sprays

Pip code: 292-1054

GlaxoSmithKline Consumer Healthcare

Tel: 020 8047 2700.

Cough, cold & flu FORECAST

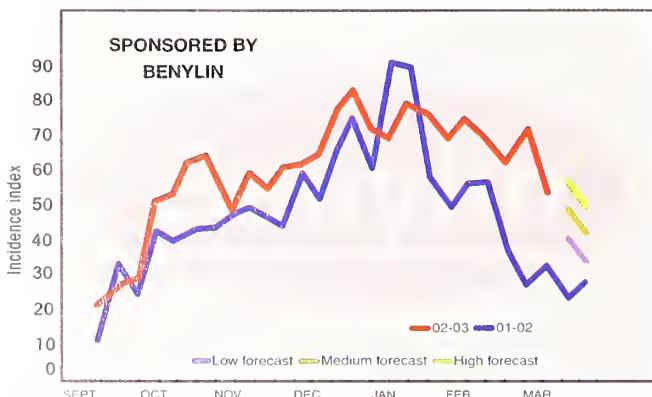


KEY FACTS

- Two UK cities remain on Flu Alert.
- 2 million more people are suffering from flu symptoms than at the same time last year
- Cough and Sore Throat are the most prevalent symptoms.

Benylin

Information updated weekly by SDI



Time to check your stock levels!

Alocclair hits the spot



Forest Laboratories is relaunching Alocclair with a new look in April and widening the product's distribution in pharmacies.

Alocclair liquid contains polyvinylpyrrolidone (PVP) and is formulated to leave a protective coating over mouth ulcers. It also includes aloe vera to soothe soreness and is alcohol-free so it doesn't sting on application.

Price: £4.99 for 60ml, £7.99 for 120ml

Pip code: 60ml 279-9427, 120ml 273-3319

Forest Laboratories UK

Tel: 01332 550550.

No sweat for Lynx launch



Lever Fabergé will introduce antiperspirant products into the Lynx deodorant range in April in an effort to extend the brand's appeal.

Lynx Dry is targeted at men who want a product that protects against sweat as well as providing an appealing fragrance.

Lever Fabergé says the range has been developed because some Lynx users are leaving the brand's deodorant consciously as they require an antiperspirant for underarm efficacy.

The antiperspirant range includes an aerosol, roll-on and stick. The aerosol will be available in Pulse, Dimension, Africa and

Gravity fragrances with the roll-on and stick in Pulse, Dimension and Africa. The packaging features a silver cap to reflect the antiperspirant offering.

The launch will be backed by a £7 million support package which is part of a total £13m marketing investment planned for the Lynx brand this year.

Over two million mini aerosol samples will be distributed in a campaign to target antiperspirant users.

Price: £2.49 for 175ml aerosol, £1.99 for 50ml roll on, £2.29 for 50ml stick

Lever Fabergé
Tel: 020 8439 6100.

Bach spray to the Rescue

Nelsonbach aims to add an extra dimension to the natural stress relief category with the introduction of Bach Rescue Remedy in a spray format.

The product is designed to offer an easy-to-use way of coping with stress on the move. One dose consists of two sprays onto the tongue and no water is required.

Like original Bach Rescue Remedy drops, the spray is a combination of Rock Rose, Impatiens,

Clematis, Star of Bethlehem and Cherry Plum.

The Bach Flower Remedies are formulated to help restore emotional balance and therefore promote emotional and physical wellbeing.

The spray will be backed by a marketing campaign including advertisements displayed on the backs of buses nationwide from April onwards.

Price: £6.49

Pack size: 20ml
Pip code: 291-1543
Nelsonbach
Tel: 020 8780 4200.



Easy does it with Lil-lets

Accantia Health & Beauty is launching a Lil-lets tampon which features a gel filled sachet to make it easier to insert and remove.

Lil-lets Extra Comfort tampons will be available to major multiple stores from this month and to smaller chains and independent pharmacies from June.

The tampons are individually sealed in a sachet with two compartments: one containing a Regular absorbency tampon and the other containing lubricating gel.

To lubricate the tampon, the user eases the dry tampon into the gel compartment and then inserts it as normal. The lubricating

gel is formulated to be hypoallergenic and is gynaecologically approved.

The product is suitable for

women who find tampons difficult to insert and uncomfortable to remove – particularly on lighter flow days at the beginning and end of their period. It is also appropriate for

younger girls

using tampons for the

first time.

The launch will be supported by a £2 million marketing campaign.

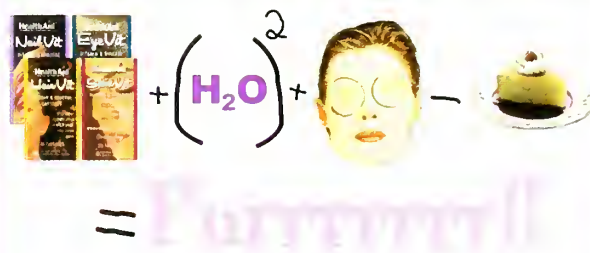
Price: £2.35

Pack size: 8 tampons

Pip code: 293-9064

Accantia Health & Beauty Ltd

Tel: 0121 327 4750.



Take one or more of the products from the HealthAid Beauty Range, add any number of hair, skin, nail or eye saving ingredients you fancy (better still, eat them), cut out some of the naughty bits. And what have you got? The perfect formula for looking like a groomed goddess.



HealthAid

Available at selected pharmacies and health food shops

To find out more about the complete HealthAid range visit www.healthaid.co.uk or call 0121 327 4750

Frontshop

Time to Reveal two-for-one offer

BR Pharmaceuticals is promoting the Reveal Midstream Home Pregnancy Testing Kit on a 'buy one, get one free' basis.

The value-for-money offer is timed to coincide with the annual upturn in demand for pregnancy testing



products at this time of year.

BR Pharmaceuticals believes that the offer is likely to appeal to the many women who prefer to double-check their pregnancy test result.

The offer will run while stocks last.

Price: £4.99

BR Pharmaceuticals Ltd
Tel: 0113 275 0000.

What's in a name?

Reckitt Benckiser is investing £1.25 million this month in a TV campaign to reinforce the rebranding of Immac, which is now known by its international name, Veet.

The commercial features style icons Marilyn Munroe and Bo Derek (who both formerly had different names) to communicate the advertising message "sometimes it's good to change your name".

For more information:

Ceuta Healthcare Ltd
Tel: 01202 780558.

InBrief

Syndol exposure

Syndol will be back on TV this spring with a £2.5 million national campaign starting on March 30.

The ad features a man with a headache who strips off.

For more information:

SSL International plc
Tel: 0161 654 3000.

Blink Contacts

The telephone number for more information about new Blink Contacts eye drops (C&D March 1, p24) is as follows:

For more information:

AMO (UK) Ltd
Tel: 01628 551600.

All smiles for NUK

The NUK range of baby feeding products will be supported by a £250,000 advertising campaign in parenting magazines from April until December.

The advertising focuses on the development of a baby's smile, featuring an illustration of a baby with arrows to highlight 'Mum's

eyes', Dad's nose' and an 'NUK smile'.

An accompanying diagram of a NUK teat explains how it encourages correct positioning against the lips and palate.

For more information:

MAPA Spontex Ltd
Tel: 01905 450300.

Dual approach for Sage

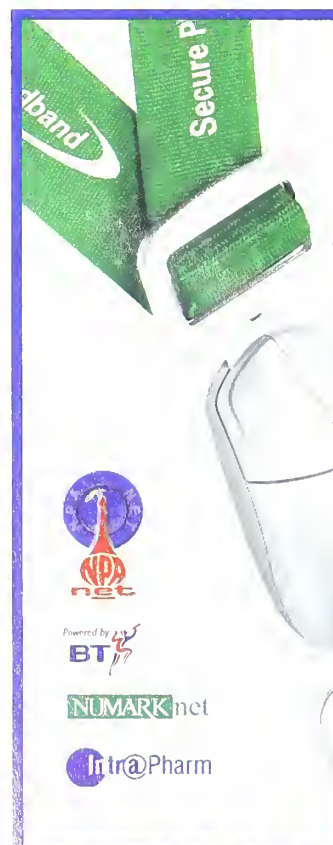
Sage Nutritionals is launching a new range of organic herbal capsules and multivitamins.

Sage Organic features five dual-packaged products to comply with EU regulations - Healthy Woman, Healthy Man, Pregnancy, Vitality 50+ and Menopause. The dual packs have 30 organic herbal

capsules in one section and 30 vitamin and mineral tablets in the other. The range also includes two herbal formulations - St John's Wort and Echinacea - in conventional single packs.

Price: single £6.99, dual £8.99

Sage Nutritionals Ltd
Tel: 01672 872901.



NPA Secure Pharmacy Broadband

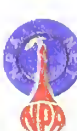
THE BROADBAND SERVICE DESIGNED FOR PHARMACY

NPA's Secure Pharmacy Broadband is now available for users of NPAnet at work in the pharmacy, office or home. Powered by BT, the service allows Community Pharmacy to take a quantum leap forward in communications.

- Up to 10 times faster than a dial-up connection
- Always online – with retained use of telephone
- Unmetered access for £27.99 per month plus VAT
- Firewall-protected environment assures patient confidentiality
- Full compliance with RPSGB Code of Ethics guidance

Optional services -
Automated online backups
Managed antivirus updates

FREE BT EXCHANGE CONNECTION*
*worth £50 – for orders placed before 31/03/03 and activated by 30/04/03



Powered by 

 **NUMARKnet**

 **Intr@Pharm**

Call **020 8357 5757** now for more details, or email us at admin@npanet.co.uk
NPA SECURE PHARMACY BROADBAND. THE FUTURE IS ONLINE



Ready to take on the world, our Paroxetine Hydrochloride tablets (containing paroxetine hydrochloride equivalent to 20mg paroxetine free base) are now available from your wholesaler. Good news for you and your customers.

Product Name	Paroxetine Hydrochloride Tablets
Strength	20mg
Pack Size	30
List Price	£15.98
Indications	Treatment of symptoms & prevention of relapse (where initial satisfactory response) of depressive illnesses, obsessive compulsive disorder (OCD), panic disorder with or without agoraphobia & generalised anxiety disorder. Treatment of symptoms of social anxiety disorder/social phobia & post-traumatic stress disorder (PTSD).

ALPHARMA
Making medicine accessible

Alpharma Limited, Whiddon Valley, Barnstaple, Devon EX32 8NS
Tel: 01271 311 200 www.accessiblemedicine.co.uk

Prescribing Information

Name: Paroxetine Hydrochloride 20mg Tablets. **Active Ingredients:** Each tablet contains paroxetine hydrochloride equivalent to 20mg paroxetine free base. **Indications:** Treatment of symptoms & prevention of relapse (where initial satisfactory response) of depressive illnesses, obsessive compulsive disorder (OCD), panic disorder with or without agoraphobia & generalised anxiety disorder. Treatment of symptoms of social anxiety disorder/social phobia & post-traumatic stress disorder (PTSD). **Dosage & Administration:** For oral administration once daily in the morning with food, swallowed whole. **Adults:** Depression, recommended dose is 20mg daily, increased gradually if necessary by 10mg increments to a maximum of 50mg per day according to response. OCD: recommended dose is 40mg daily, starting with 20mg daily and increasing by weekly 10mg increments according to response up to a maximum of 60mg daily. Panic disorder: recommended dose is 40mg daily, starting with 10mg once daily and increasing by weekly (or longer) 10mg increments according to response to a maximum of 50mg daily. Generalised anxiety disorder: 20mg daily increments according to response to a maximum of 50mg daily. **Generalised anxiety disorder:** recommended and starting dose is 20mg daily, increased by weekly (or longer) 10mg increments according to response to a maximum of 50mg daily, if no improvement seen after at least two weeks at start dose. **PTSD:** recommended starting & maintenance dose is 20mg daily, though some patients may benefit from dose increases in 10mg as required according to response up to a maximum of 50mg daily. Effectiveness of paroxetine hydrochloride in PTSD has not been evaluated beyond 12 weeks. **Elderly:** dosing should commence at adult starting dose & may be increased by 10mg weekly increments up to a maximum of 40mg daily (where appropriate for indication) according to response. **Children:** not recommended. **Renal/hepatic impairment:** in severe renal impairment (creatinine clearance <30ml/min) or severe hepatic impairment, the recommended dose is 20mg daily. Incremental dosage, where required, should be restricted to the lower end of the range. **Contraindications:** Hypersensitivity to paroxetine hydrochloride. Paroxetine hydrochloride should not be used in combination with a monoamine oxidase inhibitor (MAOI). Paroxetine hydrochloride may be started 14 days after discontinuing treatment with an irreversible MAOI, or at least one day after discontinuing treatment with a reversible MAOI (RIMA). At least

14 days should elapse after discontinuing paroxetine hydrochloride treatment before starting a MAOI or RIMA. **Special Warnings & Precautions:** Caution concomitant treatment with neuroleptics, oral anticoagulants or ECT. Caution use in patients with severe renal/hepatic impairment, cardiac conditions, diabetes, unstable epilepsy current or historical mania or hypomania, & glaucoma. Discontinue if seizures develop or increase in frequency within epileptics. Controlled epileptics should be closely monitored. As improvement may not occur during the first few weeks or more of treatment & the possibility of a suicide attempt is inherent in depression, patients should be closely monitored. Use paroxetine with caution in patients receiving medications that increase risk of bleeding, or those patients with a history of bleeding or conditions predisposing to bleeding disorders. Reversible hyponatremia has been reported rarely, predominantly in the elderly. **Interactions:** Combination of paroxetine hydrochloride & alcohol is not advisable. Other interactions may occur with serotonergic drugs, lithium, triptophan, inhibitors/inducers of drug-metabolising enzymes, MAOIs, anticonvulsants, warfarin, procyclidine & St John's Wort. **Pregnancy & Lactation:** Paroxetine hydrochloride should only be used in pregnancy if the potential benefits outweigh the possible risks. Lactation: Not recommended. **Effects on ability to drive or operate machines:** None known, though as with all psychoactive drugs, patients should be cautioned. **Undesirable Effects:** The most common adverse effects are nausea, somnolence, sweating, tremor, asthenia, dry mouth, insomnia, sexual dysfunction, dizziness, constipation, diarrhoea & decreased appetite. See SmPC for other effects as seen with other SSRIs. In common with other SSRIs, withdrawal symptoms have been reported on stopping treatment. When antidepressant treatment is no longer required, gradual discontinuation by dose-tapering should be carried out. **Marketing Authorisation Holder:** Norton Healthcare Limited, Albert Basin, Pea Docks, LONDON, E16 2QJ. **Product Licence Number:** PL 00530/0667. **Legal Category:** POM. **Basic NHS Cost:** pack of 30, £15.98. **Date of Preparation:** February 2003. For full prescribing information, log onto our website www.accessiblemedicine.co.uk/medloc/uk/indexp.htm

Dove makes a clean sweep

Lever Fabergé is expanding the Dove Bath range with four products designed to meet women's needs for different bathing occasions.

The new variants are Dove Spa Mineral Bath Soak, Dove Softening Silk Bath, Rich Pampering Balance Bath and Indulging Cream Bath.

The launch is being backed by a £2.5 million marketing campaign including TV advertising this month.

● The Dove range also features a new hypoallergenic deodorant range for women who believe they have dry or sensitive skin.

Dove Deodorant Sensitive has been formulated to reduce the risk of irritation and allergic reactions. It contains a quarter moisturising cream to help keep the underarms soft and smooth.

The range includes roll-on, stick and spray. The products have a



light fragrance and are presented in fresh green packaging.

Price: Bath products £3.49 Deodorant Sensitive roll-on £1.59, stick £1.99, spray £2.09

Lever Fabergé
Tel: 020 8439 6100.

TVnext week

Accu-Chek compact blood glucose meter: C5, GMTV

Askit Powders: STV, C4, C5, GMTV

Califig: C4

Colpermin: STV, C5

Kalms: C5, Sat

Nicorette: All areas

NiQuitin CQ patch: All areas except U, CTV, GMTV

Nivea for Men Revitalising Q10: All areas

Nivea Hand Q10 Plus: All areas

Nivea Visage Q10: All areas

Oxy: All areas except Sat

PoliGrip: All areas except U, CTV, GMTV

Ribena: All areas except U, CTV

Sensodyne Total Care: All areas except U, CTV, GMTV

Tena lady & Tena pants Discreet: All areas except U, GMTV

Veet: All areas

Wella Silvikrin: All areas except GTV, B, CTV, TT

PharmaSite for next week: NiQuitin CQ – Window, Ibuprofen Care range – In-store, Otrivine – Dispensary

A-Anglia, B-Border, C-Central, C4-Channel 4, C5-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire



More exposure planned for Syndol.

Great news! Syndol is back on TV and this time it's going to be bigger than ever. Our extremely memorable TV ad cleverly positions Syndol as a fast acting painkiller with an extra ingredient that eases tense muscles. Our recent £700,000 campaign increased sales by up to 92%! Now we have a new £2.5 million national campaign starting March 31st, so you can expect even bigger demand. Make sure you're ready, stock up on Syndol now.

Contact your SSL representative for further information about Syndol and Point of Sale support material available.

Syndol with added *aahhh*

© 1999 Aventis. Syndol is a trade mark of Aventis. Always read the label. *Multiple pharmacy – Central Region EPOS – peak weekly uplift on Syndol 10's.

Syndol Product Information. Presentation: Each tablet contains the following active ingredients: Paracetamol BP 450mg, Codeine Phosphate BP 10mg, Doxylamine Succinate NF 5mg, Caffeine BP 3mg. **Indications:** For the treatment of mild pain to moderate pain and as an antipyretic. Symptomatic relief of headache, including muscle contraction or tension headache, migraine, neuralgia, toothache, sore throat, dysmenorrhoea, muscular and rheumatic aches and pains and post operative analgesia following surgical or dental procedures. **Warnings:** Caution is advised when administering this medicine to patients with impaired kidney or liver or any other abdominal complaints. **Overdose:** Immediate action should be sought in the event of an overdose even if the patient feels fine, because of the risk of delayed, serious liver damage. **Status:** P. Further information is available on request from the licence holder. **Product Licence Holder:** Seton Products Ltd, Tubiton House, Oldham OL1 3HS.

care



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contains Ibuprofen BP 5% w/w

Care Ibuprofen Gel offers all the efficacy of the major brands but at a sensible price that will appeal to your customers, whilst still giving you an excellent PGR. One of a comprehensive range of products designed specifically for pharmacy recommendation, the quality and value offered by Care Ibuprofen Gel inspires profitable customer loyalty. And if you stock up now, you'll also benefit from our extensive, new-look trade and consumer campaign in 2003. Your Care representative has all the details.

Quality medicines at sensible prices.

Care Ibuprofen 5% Gel Product Information Presentation: A clear colourless gel for topical application containing Ibuprofen Ph. Eur. 5.0% w/w. **Uses:** Topical analgesic and anti-inflammatory for backache, rheumatic and muscular pain, sprains, strains and sports injuries. **Dosage and administration:** Topical application to the skin. **Adults the elderly and children over 14 years:** Apply 50 to 125mg (4 to 10cm) of the gel and lightly rub into the affected area until absorbed. The dose should not be repeated more frequently than every 4 hours and no more than 4 times in any 24 hour period. Review treatment after 2 weeks, especially if the symptoms worsen or persist. **Contraindications:** Hypersensitivity to aspirin, non steroidal anti-inflammatory drugs, asthma, rhinitis, or urticaria. **Precautions and warnings:** Apply with gentle massage only. Avoid contact with the eyes, mucous membranes and inflamed or broken skin. Discontinue if rash develops. Hands should be washed immediately after use. Not for use with occlusive dressings. Do not exceed the stated dose. Keep out of the reach of children. For external use only. If symptoms persist consult your doctor or pharmacist. Do not use if allergic to Ibuprofen or any of the ingredients, aspirin or any other painkillers. Consult your doctor before use if pregnant, or if taking aspirin or any other pain relieving medication. Not recommended for children under 14 years. **Interactions:** Concurrent aspirin or other NSAIDs may increase adverse reactions. **Use in Pregnancy:** Avoid during pregnancy. **Side effects:** Skin; rash, pruritis, urticaria. **Gastrointestinal:** abdominal pain, dyspepsia. **Respiratory:** Bronchospasm in patients with a previous history of bronchial asthma or allergic disease. **Legal Category:** GSL. **Product Licence Number:** PL 10972/0045. **Product Licence Holder:** Goldshield Pharmaceuticals (Europe) Limited, 324 Bensham Lane, Thornton Heath, Surrey, CR7 7EQ. **Pack size:** 50g. **Trade Price:** £1.99 (ex. VAT). **Date of preparation:** January 03.

Burning desire

With nearly a third of the world addicted to nicotine, Gary Paragpuri asks if more can be done to help smokers break the deadly habit

In 1971 William Dunn Jr, principal scientist for Philip Morris, the world's largest cigarette manufacturer, gave his reasons why smokers find it so difficult to quit.

Speaking on the motives and incentives behind cigarette smoking, he concluded that without nicotine there would be no smoking.

"The cigarette should be conceived not as a product but as a package... the product is nicotine," he said. "Think of the cigarette pack as a storage container for a day's supply of nicotine... a cigarette as a dispenser for a dose unit of nicotine... a puff of smoke as the vehicle of nicotine."

"Smoke is beyond question the most optimised vehicle of nicotine and the cigarette the most optimised dispenser of smoke."

In the 30 years since Mr Dunn's comments, successive governments have tried to highlight the dangers of nicotine addiction.

But in the UK, 13 million adults continue to smoke, and worse still, 450 children - the size of an average school - take up the habit every day. A statistic that takes on greater significance when one considers that more than 80 per cent of smokers take up the habit as teenagers.

So what have health ministers done over the past decade to cut the annual 120,000 smoking-related deaths in the UK?

Initiatives have included banning tobacco sales from hospital shops (1992) and making NHS premises smoke-free (1993), but only more recently have specific targets been identified along with the means to achieve them and backed by a tobacco-advertising ban that came into effect earlier this year.

In May 2000, the chief medical officer said smoking cessation was one of the top 13 priorities for the NHS. A month later, the NHS

The Planning and Priorities Framework 2003-2006 also identifies smoking as a key health target. It aims to reduce the rate of smoking in manual groups to 26 per cent by 2010.

Meanwhile, the Government has ring-fenced millions of pounds of funding for smoking cessation services in England and Wales. But little of this money has filtered through to pharmacy, despite randomised controlled trials of smoking cessation interventions based in community pharmacies, which have demonstrated quit rates as high as 14 per cent at 12 months, more

than double the 6 per cent target identified in the Planning and Priorities Framework.

One of the trump cards, however, in

achieving cessation targets is NRT, which when coupled with advice from pharmacists, has helped many smokers beat their nicotine addiction.

But is NRT used to its maximum potential or can more be done to wean smokers off their nicotine fix, in particular, pregnant and under-age smokers?

Community pharmacist and CSM member Dr Terry Maguire has stated that it is ironic that NRT products need to go through

NiQuitin CQ, NiQuitin CQ Clear Product Information. Presentation: NiQuitin CQ: Matt, pinkish-tan, square, transdermal patches. NiQuitin CQ Clear: Transparent square transdermal patches. Both presentations are available in three strengths (sizes): NiQuitin CQ, NiQuitin CQ Clear Step 1 (containing 114 mg nicotine per 22 cm² patch), NiQuitin CQ, NiQuitin CQ Clear Step 2 (containing 78 mg nicotine per 15 cm² patch), NiQuitin CQ, NiQuitin CQ Clear Step 3 (containing 36 mg nicotine per 7 cm² patch), delivering 21 mg, 14 mg, 7 mg nicotine respectively in 24 hours.

Indications: Relief of nicotine withdrawal symptoms, including craving, associated with smoking cessation. If possible, use with a stop smoking behavioural support programme. **Dosage and administration:** Patch users must stop smoking completely. For a habit of more than 10 cigarettes a day, start with Step 1 for 6 weeks, then continue with Step 2 for 2 weeks and finish with Step 3 for 2 weeks. For a habit of 10 or less cigarettes a day, start with Step 2 for 6 weeks then finish with Step 3 for 2 weeks. For best results complete full course of treatment. Do not use for more than 10 consecutive weeks. If patients still smoke or resume smoking they should seek doctors' advice before using a further course. Apply patch to clean, dry skin site once a day preferably soon after waking. Remove patch after 24 hours and apply new patch to a fresh skin site. Patches may be removed before going to bed. However, 24 hour use is recommended for optimum effect against morning cravings. Wear only one patch at a time. When handling patch avoid touching eyes or nose. Wash hands after use in water only.

Contraindications: Use by non-smokers, occasional smokers, children under 12. Recent heart attack or stroke, severe irregular heartbeat, unstable or worsening angina, resting angina. Hypersensitivity to the patch or ingredients.

Precautions: Use only on doctors' advice in adolescents 12-17 years, cardiovascular disease (e.g. heart failure, stable angina, cerebrovascular disease, vasospastic disease, severe peripheral vascular disease), uncontrolled hypertension; severe renal or hepatic impairment, peptic ulcer, hyperthyroidism, insulin-dependent diabetes, pheochromocytoma, atopic or eczematous dermatitis. Concomitant medication may need dose adjustment following smoking cessation; caffeine, theophylline, imipramine, pentazocine, phenacetin, phenylbutazone, insulin, tacrine, clomipramine, adrenergic blockers may need dose decrease; adrenergic agonists may need dose increase. Patients should be warned not to smoke or use other nicotine-containing patches or gums when using NiQuitin CQ, NiQuitin CQ Clear. Keep safely away from children. **Side effects:** Transient rash, itching, burning, tingling at site of application should resolve on removal of patch; rarely, allergic skin reactions; occasionally, tachycardia. Other systemic effects may relate either to using patches or smoking cessation: nausea, dyspepsia, constipation, cough, pharyngitis, dry mouth, arthralgia, asthenia, pain, headache, myalgia, flu-like symptoms, dizziness, sleep disturbance, abnormal dreams, nervousness. If side effects experienced are excessive, Step 1 users can step down to Step 2 for remainder of initial 6 weeks, then use Step 3 for final 2 weeks. **Pregnancy and lactation incl. trying to become pregnant:** Pregnant or nursing women should be advised to try to give up smoking without nicotine replacement therapy, but should this fail, a medical assessment of the risk/benefit should be made. **Legal category:** GSL. **Product licence number:** NiQuitin CQ 21mg (Step 1), 14mg (Step 2), 7mg (Step 3): 00079/0347, 0346, 0345; NiQuitin CQ Clear 21mg (Step 1), 14mg (Step 2), 7mg (Step 3): 00079/0356, 0355, 0354. **Product licence holder:** SmithKline Beecham Consumer Healthcare, Brentford, TW8 9BD, U.K. **Pack size and RSP:** All strengths 7 patches £17.49; Step 1 only 14 patches £32.95 **Date of last revision:** September 2001.

Reference: 1. Shiffman S, Elash CA, Paton SM *et al.* *Addiction* 2000; **95**(8): 1185-1195. **NiQuitin CQ, CQ and Committed Quitters** are registered trade marks of the GlaxoSmithKline group of companies.

 GlaxoSmithKline

Continued on page 38 ►

Make sure they're covered in the morning

When smokers are trying to quit, mornings can catch them unawares. Once they've been without nicotine for 6-8 hours, cravings can be intense and hard to resist, which is why many smokers get more cravings in the morning than the rest of the day. Indeed, two out of three smokers light up within 30 minutes of waking.

NiQuitin CQ patches provide nicotine continuously over a 24-hour period, reducing morning cravings compared with a 16-hour patch, for these heavily dependent smokers.¹

Don't let increased morning cravings increase their risk of relapse. Recommend *NiQuitin CQ* 24-hour patch and help smokers quit from the word go.



Nicotine

The confidence of 24 hour protection

the full rigours of drug licensing and, as a consequence, have restrictions imposed on their use, where tobacco products have none.

He believes this means that the resultant licence restrictions severely limit the use of NRT, and consequently, most healthcare professionals appear reluctant to recommend NRT for pregnant smokers, those under 18 or those who have used the product for longer than the recommended periods.

Worse still, some pharmacists and GPs consider chronic diseases such as diabetes, CHD and other circulatory diseases as contraindications to NRT use, says Dr Maguire.

However, the Medicines Control Agency has its hands tied and is making the best of a bad situation. While it cannot be seen to condone NRT use in such patient groups without evidence from clinical trials, it must also ensure that these groups are not denied access to NRT.

Officially, it says that pregnant smokers should be advised to give up without NRT because nicotine is known to have adverse effects in pregnancy, such as low birth weight, an increased risk of spontaneous abortion and an increased risk of infant deaths around the time of birth.

But should they fail to give up using willpower alone – a likely scenario considering that nicotine causes addiction in a fashion similar to heroin or cocaine, according to the Royal College of Physicians – then a medical assessment of the risk/benefit of using NRT should be made.

But on what grounds do the health professionals make their decision to treat, and what protection do they have from the law should problems occur?

Similarly, smokers under 18 should only use NRT under supervision because of a lack of clinical trials, says the MCA. But what evidence base should health professionals use if there is a lack of clinical trials?

It seems that health professionals alone carry the burden of risk of supplying NRT to pregnant and/or under-age

smokers. Or does NRT's newly found GSL status mean that it is safe even in these 'at risk' groups, as it can be purchased without a health professional's intervention?

The National Institute for Clinical Excellence's guidance on NRT, launched last March, offers health professionals some support when deciding whether to offer NRT to pregnant and under-age smokers.

Although NICE says smokers under 18 who are pregnant or breastfeeding, or who have unstable cardiovascular disorders, should discuss the use of NRT with a relevant healthcare professional before it is supplied, it does not say that NRT should not be given.

Importantly, it adds that in making a judgement to offer NRT to these patient groups, healthcare professionals should take into

account the significant harm associated with continuing to smoke, and that NRT will deliver less nicotine, and none of the other potentially disease-causing agents, than would be obtained from cigarettes.

NICE adds that a small number of studies have been undertaken with specific subgroups including

smokers with lung disease, CV disease, peripheral vascular disease, pulmonary disease or pregnant women.

Although the results are generally inconclusive on an individual study basis, they are consistent with the overall pooled results when taken in aggregate.

Next Friday is the second anniversary of NRT being made available on the NHS and of an expansion of the number of NRT products with GSL status. At the time, health minister Yvette Cooper said it was "absurd that people can buy cigarettes in supermarkets and newsagents but cannot buy patches or gum to help them give up".

However, is it not equally absurd that the Government, while happy to make NRT more widely available, has yet to set up an evidence base to give official backing to health professionals supplying NRT to the groups of smokers most in need?

The expert view

Robert West, professor of psychology at St George's Hospital Medical School, says that whether NRT gains a licence for use in pregnancy or not is down to a matter of opinion rather than any clear evidence-based logic.

"NRT is giving smokers nicotine, which they are already getting from smoking. So in a sense, whatever one does with NRT is going to be by definition less harmful than what they were doing already," he says.

"So it's one thing if a smoker outside of a clinic setting ingests a drug which is harmful, but it is another thing for the authorities and health professionals to give that drug because of issues of liability and ethics."

He adds: "We know with reasonable certainty that nicotine is one of the culprits in causing low birth weights and possibly things like eot death. What that means is that, if you are giving nicotine to a pregnant smoker you know that you are giving them a drug that might cause damage to the foetus."

So is there any advantage in giving nicotine in this case? "Obviously you hope that they are going to stop smoking. If you give nicotine in a pure form for six weeks, you prevent them ingesting smoke for six to nine months."

However, the problem is that the only clinical trial of NRT in pregnant smokers did not find a benefit for nicotine patches. "Was it just bad luck, were the patches, perhaps, the wrong form of NRT, or is nicotine really not effective?" asks Professor West.

"One thing the authors found on that trial is that the utilisation of NRT was quite low in that group. In other words, they argue that the women weren't using the patch as directed. If you don't use enough NRT then you are not going to get much out of it.

"But there is another complicating factor – although it didn't show any effect on cessation, there was a significant effect on birth weight. Babies born to the people randomly assigned to the NRT group weighed more, even though there was no evidence that those mothers stopped smoking in any greater proportion.

"So is that a fluke? Could it be,



for example, that although the mothers in the NRT group didn't necessarily stop smoking, maybe they reduced their smoking to such an extent that they were getting some benefit.

"We know that nicotine is harmful; we know that it is less harmful than smoking but we don't know for sure that it's going to help the mother to stop.

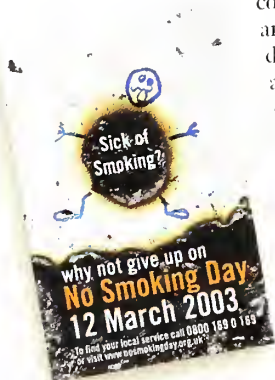
"Therefore, whether one licences NRT for pregnant smokers is going to be a matter of opinion rather than clear evidence-based logic... until we get more information on the possible benefits of NRT in pregnancy," he concludes. "It's always going to be one person's opinion against another, and if you look at the MCA's current position it's not that unreasonable."

But what if a pharmacist recommends NRT to a pregnant smoker because in their opinion it will be more beneficial that they give up rather than continue to smoke, and consequently there is a complication?

That "nightmare scenario" has probably already happened, believes Professor West. "Warwickshire's smoking cessation service routinely recommends NRT to pregnant smokers, and that's the judgement they make (and I know lots of clinicians who do that).

"By the law of averages some of those will miscarry, some will have a baby that is born dead... whatever you think about the real benefits, sooner or later you're going to get the headline 'Did nicotine patch kill my baby?'

"What damage could that do to the whole nicotine replacement ethos generally?" he asks. "We don't have much option but to continue to collect the evidence so that instead of this being a matter of opinion it's much more a matter of evidence."



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NICOTINE

*this Consumer Health, Nicotinell Mint Gum data on file.

ELL® FRUIT & MINT 2mg & 4mg CHEWING GUM. Presentations: Nicotine chewing gum containing 2mg and 4 mg nicotine, in fruit and mint flavour. **Indications:** Treatment of nicotine dependence, as an aid to smoking cessation. **Dosage:** **Administration:** Stop smoking completely when starting treatment. One piece of gum to be chewed when the user feels the urge to smoke. Normally, 8-12 pieces per day, up to a maximum of 25 pieces of 2mg gum per day or 15 pieces of 4mg gum per day. After 3 months, the user should gradually cut down the number of pieces chewed. Children and young adults: To be used in people under 18 years only on medical advice. **Contra indications:** Non smokers, occasional smokers. As with all nicotine products, Nicotinell is contra-indicated in acute myocardial infarction, unstable or worsening angina pectoris, severe cardiac arrhythmias, recent cerebrovascular accident. **Pregnancy & Lactation:** To be used only on medical advice. **Precautions:** Hypertension, angina pectoris, cerebrovascular disease, occlusive peripheral arterial disease, heart failure, hyperthyroidism, diabetes mellitus, fructose intolerance, phaeochromocytoma, renal or hepatic impairment, peptic ulcer or gastric irritation. Keep out of the reach of children at all times. **Side Effects:** Smoking cessation causes many withdrawal symptoms. Events which may be related to smoking cessation include headache, sleep disturbances and gastro-intestinal disturbances. May cause throat irritation, minor indigestion or heartburn. **Legal Category:** GSL. **Product Licence Nos, Trade Price and Suggested Retail Price:** Nicotinell Fruit 2mg Chewing Gum (PL 0030/0162) and Nicotinell Mint 2mg Chewing Gum (PL 0030/0164) in packs of 12 £1.70, £2.99, packs of 24 £3.01, £5.29 and packs of 96 £8.26, £14.49. Nicotinell Fruit 4mg Chewing Gum (PL 0030/0163) and Nicotinell Mint 4mg Chewing Gum (PL 0030/0165) in packs of 12 £1.70, £2.99, packs of 24 £3.30, £5.79 and 96 £10.28, £18.49. **Holder:** Novartis Consumer Health, Herten, RH12 5AB. **Date of Preparation:** September 2002.

Can we afford a ban?

Banning tobacco would prevent the 120,000 smoking related deaths that occur in the UK each year.

But given that it has been widely available for hundreds of years, and more importantly, because the Treasury earned £9.6 billion in revenue from tobacco duty and VAT in 2000, a total ban seems unlikely.

The value the Treasury places on this income is further highlighted by data from the charity Action on Smoking and Health, which says that while the Government recently spent £209 million on a programme of measures to combat tobacco smuggling, it only committed to spending £100m over three years from 1998 on health campaigns against tobacco use.

Furthermore, the UK Government contributes to a Europe-wide subsidy for the tobacco-growing industry, which

results in it receiving almost a billion euros each year from the EU, making it the most heavily subsidised crop per hectare.

But what if tobacco were banned? Would the fact that the NHS treated fewer smoking related conditions compensate the Treasury for its loss of income from tobacco tax, and would the loss of income impact on the NHS budget?

Christine Godfrey, professor of health economics at the University of York's Centre for Health Economics, believes a tobacco ban is unlikely to have any impact on NHS income as the Government would recoup lost revenue through VAT as ex-smokers spend on other things.

She says that a reduction in smoking would lead to a reduction in smoking related illness and, therefore, a reduction in smoking related NHS expenditure, which is estimated at between £1.5

Smoking related diseases cost the NHS between £1.5 and £1.7bn a year



billion and £1.7 bn per year.

"There have been some that argue that as people smoke less and life expectancy rises, then this may have an impact on non smoking related NHS expenditure, as the elderly tend to use more health services than younger people," says Professor Godfrey.

But, she adds: "Even the maths of this is somewhat complicated as much of the cost is in the last year of life at whatever age, so that increasing the length of the

life of the population but that population being healthier, may not necessarily lead to increased health spending.

"What is known is that the cost per life year saved of smoking cessation treatment and other wider policies to reduce smoking are low, and reducing smoking is very good value for money... hence there is a question as to whether the health service does devote enough time and other resources to this form of care."



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Pharmacia is backing the Nicorette range with a £15 million promotional spend in 2003, a rise of £2m on last year, in a bid to hold on to Nicorette's 51 per cent share of the OTC market (including Boots and Superdrug, IRI data four weeks ending 29/12/02).

Specific activity planned for next week's No Smoking Day includes, regional radio activity with Nicorette giveaways, regional radio activity with Dr Chris Steele, a pharmacy window display competition, and regional sponsorship of NSD activities with 'craving man' appearances.

Pharmacy point of sale material is also available, including dummy boxes, window display material, display cubes, show cards, and counter displays containing product and consumer leaflets.

For NSD specifically, Pharmacia is distributing leaflets, posters, balloons and inflatable 'craving men'.

For more information:

Pharmacia Consumer
Tel: 01908 661101.

Honeyrose Products says that its herbal cigarettes are an alternative to NRT, which it describes as being 'flawed' on two levels. It believes that nicotine is highly addictive and that NRT does not address the psychological aspects of smoking.

And as sales of its herbal cigarettes are rising by about 10 to 15 per cent per year in the pharmacy sector, according to the company's commercial director, John Heywood, there are plenty of customers out there who believe it is a viable alternative to NRT.

Honeyrose says that its herbal cigarettes, which are available from UniChem, AAH and all major wholesalers, have no adverse effects on heart rate or blood pressure. However, it is important to note that all varieties of Honeyrose herbal cigarettes have a tar content equivalent to 'low tar'.

For more information:

www.honeyrose.com
Honeyrose Products
Tel: 01449 612137.



Sniff out the NRT products

Novartis Consumer Health brand manager Craig Shaw describes last year's launch of Nicotinell coated gum as one of the sector's most exciting developments.

"Poor taste and texture has been one key reason why people don't chew nicotine gum for long enough, and then give up trying to quit as a result. Nicotinell coated gum aims to overcome this fundamental problem," he says.

He also believes that the coated gum is an opportunity for pharmacists to increase NRT sales. "Nicotinell coated gum was launched in Sweden in 2001, where it helped the brand increase sales by 33 per cent and increased the total Swedish gum market by 10 per cent in the same year," says Mr Shaw.



Novartis's marketing spend for Nicotinell will be £3 million this year. This includes television advertising and a collaboration with the anti-smoking charity QUIT to encourage smokers to quit.

For more information:

Novartis Consumer Health
Tel: 01403 210211.

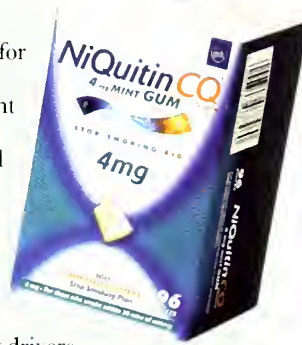
GlaxoSmithKline will next week spend £375,000 on a three-day TV advertising blitz for its NiQuitin CQ Clear patches. Running from Tuesday to Thursday, the adverts will highlight the 24-hour action of NiQuitin CQ patches.

A further £335,000 will be spent in national daily newspapers to advertise NiQuitin CQ Mint gum. In total, GSK is spending £8.6 million on advertising in this six-month period.

NiQuitin CQ brand manager Amardeep Kahlon believes that a high level of advertising is important, as it is one of the key drivers for the NRT market, along with government support for smoking cessation and new product development, such as lozenges.

For more information:

GlaxoSmithKline Consumer Healthcare
Tel: 020 8047 5000.



Pharmacy v grocery

Pharmacy's market share for NRT is in danger of bursting. Data from Pharmacia shows that although the total NRT market is growing at 11.5 per cent year-on-year, pharmacy's share is declining 0.2 per cent year-on-year. And to make matters worse, the total grocery market for NRT is expanding at 64 per cent year-on-year.

Pharmacia believes that the key driver behind pharmacy's loss of market share to the grocers is NRT's change of status from P to GSL.

This reinforces the need for pharmacists to demonstrate why it is better to buy from them rather than a grocery, says the company. Key points pharmacists should consider include:

- focus on adding value by advising customers to buy the most suitable products
- think about profit margins rather than just sales
- ensure correct product positioning and sufficient stock levels
- ensure pharmacy assistants are knowledgeable about NRT.

Dendron Ltd says that its Stressless herbal tablets can help with the stress and strain of giving up smoking.

Brand manager Juliette Atkins says: "Stressless is a natural stress relief product, offering consumers effective relief from everyday stress and from the stress of giving up smoking."

Dendron says that it intends to back the product with a mix of national press and TV advertising in 2003, although exact details of when the TV adverts will appear are not available yet. Stressless contains hops, skullcap, valerian and vervain, and retails at £5.95 for 75 tablets. A patient information leaflet is included in each pack.

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Paul Young has been appointed director of training at Ceuta Healthcare. He joins from Crookes Healthcare and will be responsible for training and development of Ceuta's expanding teams and business.

Dr Lee Kayne is to succeed his father as pharmacy dean to the Faculty of Homoeopathy. The faculty, which was set up by Act of Parliament in



Paul Young

1950, promotes the academic and scientific development of homoeopathy, as well as setting standards and providing education and training for health professionals.

Dr Sue Roberts is to be the first national clinical director for diabetes after her work as part of the team which drew up the diabetes NSF.

This week 1903

The week's poisonings...

In 1903 *C&D* ran a jolly column entitled "The Week's Poisonings". The following gives a flavour:

"Seven deaths from poisoning have occurred during the week, the poisons being carbolic acid, chlorodyne, laudanum, sulphuric acid, hydrochloric acid and bichromate of potash. The last mentioned was taken by a crippled glass blower in Bethnal Green who had been treating himself by means of an electric battery.

"A two year old boy picked up a jug of vitriol belonging to a tinner in Birmingham and drank a fatal dose. An elderly tinplate worker at Oldham, named Samuel Tunstall, who had been ill for a week, took a drink of spirit of salt out of a bottle which he thought contained whisky, and died six hours afterwards..."

One of the carbolic victims was a Cambridge carman named Hones. It was reported at the inquest that he had told the chemist he wanted to put the carbolic acid down rat runs.

"Witnesses thought it was a legitimate sale... carbolic acid was frequently sold for the purpose the deceased mentioned, especially in Cambridge where people were so particular about sanitary matters..."

Chemists and druggists were invariably called to give evidence at the inquests. No wonder, then, that Xrayser commented that legislation recommended in a recently published Poisons Committee report "is likely to be the big dish at pharmaceutical gatherings for some time to come."

"The traffic in poisons for penance, which once stirred Tennyson's anger so fiercely, is not a matter to be treated lightheartedly, and there is as much to be said for its restriction as can be urged in favour of the 'no monopoly' cry so vigorously raised in some quarters." Now, that sounds like a familiar eric de couer!



A Liverpool nurse, Lynne Wallace, has told Moss Pharmacy what she thinks of it and won £500 in travel vouchers for doing so. Mrs Wallace gave her views as part of Moss Pharmacy's twice yearly questionnaire put out through pharmacies in its 'Standards for Excellence' programme. Her response was one of 30,000 entries rating local pharmacies for the quality and speed of service. Pictured at the Mossley Hill Moss Pharmacy, Merseyside, are, from the left: regional manager Peter Baxendale, staff members Jean Bentley, Jacquie Ferguson, Jan O'Flaherty, Craig Rusling, and Lynne Wallace

Lesbian smokers send out the wrong message

Sex sells. Or so it seems in advertising circles. Show a couple of scantily dressed women using your product, and no matter what you are trying to peddle, whoosh, sales go through the roof.

However, it appears that consumers may finally be wising up to the advertiser's tricks.

According to a recent snippet in the *Observer*, the Broadcasting Standards' Commission received 36 complaints about the BBC's *Tipping the Velvet*, which has been described as a "picturesque lesbian romp set in Victorian London".

Thirty five of the complaints were about the programme's explicit content, and were rejected by the BSC. The 36th, however, is under closer scrutiny, as it relates to the depiction of smoking on prime-time television. One can only assume the Government's health warning on cigarette packs is finally getting through.

A name to conjure with

Anyone know of a Herbert Patel at Barking & Havering LPC? Health minister David Lammy does and was singing his praises at last Monday's PSNC dinner. Mind you, he was mentioned in the same breath as Andrew Murdoch from Lloydspharmacy and the Greenlight Pharmacy in Camden, which suggests that the minister's knowledge of community pharmacy still does not stretch much further than Greater London.

The curse of the Commons struck PSNC chairman Barry 'division bell' Andrews for the second year running, when his speech was rudely interrupted by an announcement of a division in the Commons. This time it was for an adjournment debate on the Bali bombing (aka the threatened war against Iraq).

With little sign of a rush for the door from MPs, our Barry soldiered bravely on. One veteran Labour MP, asked why he had not gone to confirm his anti-war

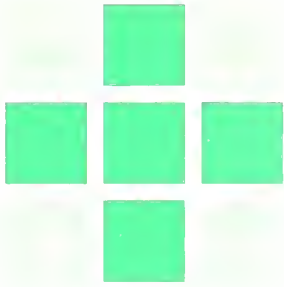


Hemant Patel

stance, quipped "You're making a lot more sense in here". There is hope for our pharmacy politicians yet!

With Mr Andrews's bonhomie hiding some blunt messages for Mr Lammy, and Mr Lammy trying to persuade his audience he had visited a community pharmacy last Saturday (anyone promoting a Kodak two-for-one offer in their shop window – it could have been you), the entertainment value was certainly up a notch or two on past years.

It was a shame, then, that the "big announcement" of £9.1 million next year to promote better use of medicines was something of a retread – the money had already been pledged in *Pharmacy in the Future*. The old quip about politicians bearing gifts comes to mind.



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INSIGHTS AND NEWS IN THE WORLD OF PHARMACY

Medicines management: a new dawn for community pharmacy?

Wally F Dove B.Pharm., F.R.Pharm. S.



How will community pharmacy pick up the medicine management gauntlet that government has thrown down? There has been a lot written about medicines management, the definition,¹ what government thinks, etc. For up-to-date information about the 'issues,' access the web addresses below. There, you will find information about the pilot schemes (web addresses 3 and 7) already in place. There is, for example, a scheme in Northern Ireland set up by the Northern Health and Social Services Board, and another in England, the Community Pharmacy Medicines Management (CPMM) Project. The latter is funded by the DoH and jointly steered by the NPA, the PSNC, the RPSGB, the Company Chemists Association and the Co-operative Pharmacy Technical Panel.

1. <http://www.npsa.nhs.uk/medicinesmanagement/index.htm>
 3. <http://www.doh.gov.uk/medicinesmanagement/index.htm>
 5. <http://www.npsa.nhs.uk/medicinesmanagement/index.htm>
 7. <http://www.npsa.nhs.uk/medicinesmanagement/index.htm>
- (look for Issue no 5 May/June 2002 and explore the link with the first entry)

This article will not revisit the 'issues.' Instead, it seeks to provide just one example of how community pharmacy could, even now, and without any exhortation from government, be preparing itself adequately for the day when medicines management actually dawns. Pharmacists are generally pragmatic people. It is probably a trait that will stand us in good stead.

Bluntly, in the not too distant future, PCTs could exert considerable control over our businesses through a gradual introduction of various so-called 'voluntary' LPS schemes. High on the agenda will be the mandate for local pharmacy to help provide innovative, cost-effective primary healthcare. With that, like it or not, comes 'medicines management,' and if you are not part of the local scene very early on, your business will almost certainly suffer. For example, if a new contractor moves in on your patch, perhaps offering a program of medicines management via LPS, you will not be paid for any similar medicines management scheme you then belatedly put forward. Furthermore, your prescription volume and counter sales will also probably start to diminish as your customer base begins to drift off to this new and dynamic 'pharmacy' just down the road from you.

To counteract this, what is perhaps just one idea that could be worked up in some detail, ready for when your PCT wants to bring in its own programme on medicines management, perhaps linked to LPS? See the framework below - designed for the elderly on polypharmacy.

A 'medicines utilization review'

- For those with a sub-therapeutic response, who may be non-compliant, or who can't manage a therapeutic device, or who have difficulty with medication because of language, eyesight, dementia, dexterity etc.
- The plan to work up would be to identify from your own PMR anybody on say five or more medicines who is probably taking a total of twelve or more doses per day, who has also had significant changes to their medication over the last year, whose medicines may have a narrow therapeutic index, and whose symptoms might suggest possible adverse drug reactions.
- Who then needs to be involved subsequently? The patient, any carer/s, the GP and/or dentist, hospital pharmacy/secondary care, community nurse.
- The actual process? Pharmacist liaises with GP about a likely sequence, which could be 'informed patient consent' obtained by the GP, who then requests the pharmacist to carry out a 'formal medications utilization' review.
- Patient then assessed by pharmacist, who prepares a report for patient, GP and other healthcare professionals, with suggestions for modifications of therapy.
- GP assesses patient and confirms modifications.
- Pharmacist co-ordinates the subsequent delivery of service, which should include regular reviews, thereby putting in place the potential for an improved health outcome and a reduction of wastage (an innovative scheme of this kind might qualify for LPS funding).

And how do we get this innovative plan underway? There, at present, lies the real crunch for government. Community pharmacy will need to be paid properly for the time it spends on medicines management. Ultimately, it will also need good software to access the single medical record. How can Industry help? Importantly, don't wait around for medicines management to be imposed, plan ahead - and above all else, start getting close to your PCT, and support medicines management when it becomes available.

References:

1. Tweedie A and Jones I. What is medicines management? Pharm J 2001;266:248.

"Yes, there are obstacles and uncertainties at present to medicines management, but start getting your act together now before someone else walks onto your patch!"

Delivering medicines management together

Nick Lowen, Manager, UK +Plus Programme



We know that the role of the pharmacist is pivotal to meeting the challenge of improving medicines management. We believe there is a clear role for the pharmaceutical industry to support pharmacists in their efforts, not only by providing high quality medicines, but also by sharing our knowledge of medicines. In this way, industry can work with pharmacy to provide patients with accurate advice on use of medicines and help shape good concordance.

At GSK, our +Plus Medicines Support Services include specific investments to help individual pharmacists deliver increased services. We are reaching out to pharmacies to discuss possible opportunities, which over the past year have included specific initiatives in asthma, smoking cessation, depression and diabetes. These +Plus medicines support programmes are flexible, with options for pharmacies of all sizes to participate.

We are committed to making sure +Plus provides pharmacists with practical tools they can use to help patients with their medicines. We also know that +Plus will need to evolve over time, so we invite pharmacists to talk to us about how our programmes can best suit community pharmacy. We look forward to delivering together the level of medicines management services that patients deserve.

Nick Lowen, B.Pharm., M.R. Pharm. S.
Manager, UK +Plus Programme

New +Plus Review of Medicines Management: helping you to navigate change

A free guide is now available providing a concise practical summary of the National Prescribing Centre's (NFC) publication, *Modernising Medicines Management: a guide to achieving benefits for patients, professionals and the NHS*.

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- A description of the remit of medicines management
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For a copy of the new guide, please send a postal request to:

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Rules 1 This competition is open to any pharmacist or permanent member of staff who works at an address which receives either Chemist & Druggist or Community Pharmacy. **2** Competitors may enter through C&D or Community Pharmacy, but may only claim one entry. Double entry will disqualify both tries. **3** Entries must be on an original coupon from C&D or Community Pharmacy, and to be eligible for the prize entrants must correctly answer the question on the coupon. **4** The prize offered will be as stated. No alternative holidays or cash prizes will be offered. Names of winners will be published in C&D and Community Pharmacy. **6** In any dispute, the decision of CMP Information Pharmacy Group's publishing director will be final and no correspondence will be entered into. **7** Employees of CMP Information Ltd, Travel Clubs International and trading divisions and their immediate families are forbidden to enter. **8** No purchase is necessary to participate. **9** The closing date for this month's competition is as printed on the entry coupon.

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Closing date March 31, 2003

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A

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